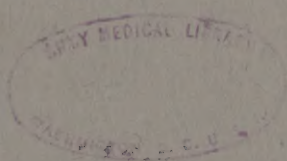
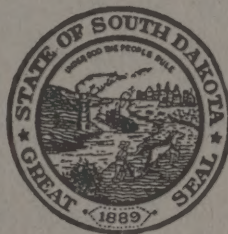


92868  
Clemens  
B486  
MAY 19 1947

# MEDICAL CARE AND HEALTH FACILITIES IN SOUTH DAKOTA



REPORT OF THE SOUTH DAKOTA STATE  
HEALTH COMMITTEE

APRIL, 1946



# MEDICAL CARE AND HEALTH FACILITIES IN SOUTH DAKOTA



REPORT OF THE SOUTH DAKOTA STATE  
HEALTH COMMITTEE

APRIL, 1946



WA  
540  
AS8  
57m  
1946

Film no. 2527, no. 4

0000

## MEMBERS OF STATE COMMITTEES AND SUB-COMMITTEES

---

### COUNCIL OF CHURCHES

Rev. Harold Wager, Brookings

### DAKOTA FARMER

Ralph E. Hansen, Aberdeen, Managing Editor

### FARM SECURITY ADMINISTRATION

Basil Henderson, Philip, FSA Supervisor

Ella L. Ollenburg, Huron, State Home Economist

Ralph Hutchinson, Huron, State Director

### FEDERATED WOMEN'S CLUBS

Mrs. C. E. Lang, President, Winner

### OSTEOPATHIC ASSOCIATION

Dr. Lawrence Betts, Huron

Dr. C. S. Betts, Huron, President, State Board of Examiners

### PRESS ASSOCIATION OF SOUTH DAKOTA

John B. Perkins, Highmore

### CONGRESS OF PARENT TEACHER ASSOCIATION

Mrs. William Claussen, 1607 East 10th Street, Sioux Falls, President

Mrs. Alice Gambrel, Pierre

Mrs. Sula Splittek, Huron

### MISCELLANEOUS

Bee J. Keller, Huron, Huron College Nurse

Carrie A. Benham, Mitchell, Secretary, State Nurse's Examining Board

Myrtle K. Corcoran, Mitchell, Director of Nurses, St. Joseph's Hospital

C. D. Head, Jr., M.D., Kansas City, Missouri, Senior Surgeon, USPHS

Floyd W. Beach, Woonsocket, County Extension Agent

F. C. Totten, M.D., Lemmon, South Dakota

### STATE NURSE'S ASSOCIATION

Leora Magestad, R. N., Sioux Falls, Surgical Supervisor of Sioux Valley Hospital

Elvira Nelson, R. N., Mitchell

Sister Melania, Pierre, Instructress of Nurses, St. Mary's Hospital

### STATE CONFERENCE OF SOCIAL WORK

Fern L. Chamberlain, Pierre, President

Robert Hahn, Mitchell, South Dakota Children's Aid

### STATE BOARD OF HEALTH

Gilbert Cottam, M. D., Pierre, Superintendent

A. L. Russell, D. D. S., Pierre, Director of Dental Health

L. E. Aase, Pierre, Director, Public Health Education

A. Triolo, M. D., Director, Maternal and Child Health

Alice Olson, Pierre, Director, Division of Public Health Nursing

Mary Malevich, R. N., Pierre, West River Supervising Nurse USPHS

Dr. G. J. Van Heuvelen, Pierre, Director, Division of Preventable Diseases Control and Local Health Service

### U. S. DEPARTMENT OF AGRICULTURE

Theodore Nickisch, Huron, Ass't. State Director, PMA



**DEPARTMENT OF PUBLIC INSTRUCTION**

Lillian H. Schafer, Pierre, State Supervisor of Elementary Education  
C. L. Eskelson, Pierre, Vocational Rehabilitation

**DEPARTMENT OF SOCIAL SECURITY**

F. C. Drake, Director of the State Department  
Paul West, Pierre, State Supervisor  
Bess M. Madden, Huron, Acting Director of Beadle County

**STATE HOSPITAL ASSOCIATION**

Rev. C. M. Austin, Sioux Falls, Superintendent, Sioux Valley Hospital  
Mabel O. Wood, Mitchell, Superintendent, Methodist State Hospital  
George Kienholz, Pierre, Secretary, State Hospital Association

**UNIVERSITY OF SOUTH DAKOTA**

Dr. Donald Slaughter, Vermillion, Dean, School of Medicine  
Dr. I. D. Weeks, President, University  
Dr. J. C. Olmacher, Vermillion, Professor of Pathology, Director of State Health Laboratory  
Professor O. K. Loftus, Vermillion, Professor of Physiology

**VETERANS OF FOREIGN WARS**

Dr. G. B. Reed, Sisseton  
J. W. Marsto, Huron

**COUNTY COMMISSIONER'S ASSOCIATION**

A. N. Hanson, Howard

**SOUTH DAKOTA DENTAL ASSOCIATION**

Dr. E. Hohf, Mitchell, President  
Dr. H. H. Fifield, Pierre

**SOUTH DAKOTA EDUCATIONAL ASSOCIATION**

Mrs. Ruth Le Wallin, R. N., Huron, School Nurse

**SOUTH DAKOTA FARM BUREAU**

Floyd Wilkerson, Huron, Executive Secretary  
Mrs. Eugene Swenson, Brandon

**SOUTH DAKOTA FARMER'S UNION**

W. C. Hermann, Rockham, State Director

**SOUTH DAKOTA FEDERATION OF LABOR**

A. J. Maag, Huron, President

**SOUTH DAKOTA GRANGE**

Mr. Ross Cumming, Wolsey  
Mrs. Ross Cumming, Wolsey, Lecturer  
T. J. Terney, Hitchcock, Overseer

**PHARMACEUTICAL ASSOCIATION**

Bliss C. Wilson, Letcher, Secretary

**LEAGUE OF MUNICIPALITIES**

R. D. Falk, Vermillion, Secretary  
A. E. Mead, Vermillion

**SOUTH DAKOTA MEDICAL ASSOCIATION**

John C. Foster, Sioux Falls, Executive Secretary  
Dr. Wm. Duncan, Webster, President  
Dr. H. Russell Brown, Watertown  
Dr. C. E. Robbins, Pierre  
Dr. W. H. Saxton, Huron, Representative

**STATE PUBLIC HEALTH ASSOCIATION**

Clarence C. Sherwood, M. D., Madison

J. M. Butler, M. D., Hot Springs

**NATIONAL FOUNDATION FOR INFANTILE PARALYSIS**

Mrs. Mildred Van Duzee, Huron, State Advisor

Mrs. Lillian Olson, Yankton, State Representative

**STATE CHIROPRACTORS ASSOCIATION**

Dr. W. B. Wolf, Eureka

**STATE SERVICE TO THE BLIND**

R. I. Moe, Pierre, Director

**HEALTH OFFICERS**

Dr. Oscar Harvey, Sioux Falls, City-County Health Department

Lt. Harry Steigman, Sioux Falls, Sanitation, City-County Health Department

**HOSPITAL SURVEY**

Ethel Dale, R. N., Burke, Field Worker

**PUBLIC HEALTH NURSING**

Mrs. Cora N. Andrews, Miller, Supervisor, East River District

Mrs. Margaret Stakke, R. N., Woonsocket, Public Health Nurse

**SOUTH DAKOTA AMERICAN LEGION**

G. W. Elmen, Sioux Falls, South Dakota

**EXTENSION SERVICE, STATE COLLEGE**

Nora M. Hott, Brookings, State Home Demonstration Leader

Anna M. Wilson, Brookings, State Nutritionist

Dixie Ebersole, Brookings, Home Agent

Mrs. Florence Mc Laron, Brookings

Clarence Shanley, Brookings, District Supervisor

**HOME DEMONSTRATION CLUBS**

Mrs. Irene Mc Daniels, Blunt

Mrs. Leo Ruppel, Alpena

Mrs. J. A. Johnson, Mt. Vernon, State Extension Club

Mrs. R. P. Johnson, President, Route 2, Rapid City

Nellie Mc Laughlin, Brookings, Ass't. State Home Demonstration Leader



**HOSPITAL SUB-COMMITTEE**

State Hospital Association  
State Board of Health  
State Medical Association  
State Nurse's Association  
State Council of Churches  
University of South Dakota

**LEGISLATIVE COMMITTEE**

State Hospital Association  
Farm Bureau  
State Grange  
Farmer's Union  
Federation of Labor  
State Board of Health

**EDUCATION SUB-COMMITTEE**

P. T. A.  
Farm Bureau  
Farmer's Union  
State Grange  
State Department of Public Instruction  
South Dakota Education Association  
Federation of Labor  
Extension Service  
Home Demonstration Clubs  
State Board of Health  
Department of Social Security  
Public Health Association



## TABLE OF CONTENTS

---

	Page
INTRODUCTION .....	10
I. MEDICAL CARE FACILITIES .....	13
II. DENTAL CARE FACILITIES .....	18
III. HOSPITAL FACILITIES .....	20
IV. AMBULANCE SERVICE .....	23
V. LOCAL FULL-TIME PUBLIC HEALTH FACILITIES .....	25
VI. "THE HEALTH SITUATION IN OUR COUNTY" .....	29

---

## CHARTS

---

Chart	Page
I. Number of persons per effective physician, by counties, South Dakota, April 1946 .....	12
II. Number of persons per dentist, by counties, South Dakota, April, 1946 .....	17
III. Hospitals approved by the American College of Surgeons, showing 35-mile radius and number of beds, South Dakota, April, 1946 .....	19
IV. General-Care hospitals and maternity homes, South Dakota, April, 1946 .....	22
V. Cities and villages in which new hospitals or additions to existing hospitals are being discussed or planned, South Dakota, April, 1946 .....	24
VI. Local full-time public health personnel, by counties, South Dakota, April, 1946 .....	30
VII. Proposed district health units, population, and number of square miles in each, South Dakota .....	39

## TABLES

---

Table	Page
1. Physicians in active practice, by age groups, in years 1910, 1920, 1930, 1940, and 1946, South Dakota, April, 1946 .....	40
2. Physicians in active practice in years 1910, 1920, 1930, and 1940, in cities which in 1940 had a population of 2,500 or more, South Dakota .....	41
3. Average number of persons per effective physician in years 1910, 1920, 1930, and 1940 in cities which in 1940 had a population of 2,500 or more, South Dakota .....	42
4. Physicians in active practice and average number of persons to each effective physician, by counties, South Dakota, April, 1946 .....	43
5. Classification of counties as to number of persons to each effective physician, South Dakota, April, 1946 .....	44
6. Number of additional physicians needed, by counties, South Dakota, April, 1946 .....	45 - 46
7. Average number of square miles per physician, by counties, South Dakota, April, 1946. ....	47
8. Number of osteopaths, by counties, South Dakota, April, 1946.....	48
9. Number of chiropractors, by counties, South Dakota, April, 1946....	49
10. Number of dentists and additional dentists needed, by counties, South Dakota, April, 1946 .....	50
11. Classification of counties as to number of persons per dentist, South Dakota, April, 1946 .....	51
12. General-care hospitals approved by the American College of Surgeons, by counties, South Dakota, April, 1946 .....	52
13. General-care hospitals registered by the American Medical Association and ratio of beds to population, by counties, South Dakota, April, 1946 .....	52 - 53
14. General-care hospitals, by counties, South Dakota, April, 1946....	54 - 55
15. General-care hospitals and ratio of beds to population, by counties, South Dakota, April, 1946 .....	56 - 57
16. Maternity homes approved by State Board of Health, number of beds, South Dakota, January, 1946 .....	58

## TABLES

---

Table	Page
17. Cities and villages having one or more physicians but no general-care hospital; number of miles to nearest general-care hospital, South Dakota, January, 1946 .....	59 - 60
18. Incorporated cities and villages of 500 or more population in which no physician is located and which are 20 miles or more to the nearest physician; number of miles to the nearest physician and to the nearest general-care hospital, South Dakota, January, 1946 .....	61
19. Incorporated cities and villages of 1,000 or more population in which no physician is located and which are less than 20 miles to the nearest physician, South Dakota, January, 1946 .....	62
20. Hospitals which have been closed in recent years and reason for closing, South Dakota, January, 1946 .....	63
21. Cities and villages in which new hospitals, replacement of existing hospitals, or additions to hospitals are being discussed, South Dakota, April, 1946 .....	64 - 65
22. Ambulance facilities, by counties, South Dakota, January, 1946 .....	66 - 67
23. Local full-time public health personnel, by counties, South Dakota, April, 1946 .....	68 - 69
24. Status of municipal water supplies, South Dakota, January, 1946 .....	70 - 71 - 72 - 73 - 74
25. Municipalities with control of milk supply, South Dakota, January, 1946 .....	75
26. Proposed district health units and amount one-half mill tax levy on 1945 valuation would provide toward total expense of units, South Dakota, April, 1946 .....	76 - 77



## INTRODUCTION

---

### Purpose of Study

This report, entitled Medical Care and Health Facilities in South Dakota, is presented by the South Dakota State Health Committee to all those who are interested in the health and welfare of our people. It is the hope of the committee that the factual material which this report contains will bring about a better understanding of the factors involved and will aid local groups in the analysis of their own medical care and health problems.

### Organization of the South Dakota State Health Committee

In September, 1945, Governor M. Q. Sharpe appointed representatives of thirty-two state organizations interested in some phase of the health and medical care program to become members of a State Health Committee, and invited them to attend a meeting held in the capitol on September 12. Governor Sharpe explained that the various organizations had been asked to recommend the representatives and that his appointments had been made accordingly. With the appointment by the Governor, the committee was thus given a semi-official status. Previous to the appointment of this committee several meetings were held by a group of interested persons who discussed the need for a state-wide health committee. It was the feeling of this group that there should be a representative committee which would be concerned with health and medical care problems especially as they related to the rural sections of the state.

In outlining the functions of the committee, Governor Sharpe stated that it was to be a fact-finding and study organization and was also to serve as a co-ordinating and steering committee in developing plans for meeting the medical care and health needs of all sections of the state. It was also explained that the committee as a whole would not be expected to sponsor legislation; that proposed legislation would be studied, and that each member of the state committee would sponsor it or not, according to the wishes of the organization he represented.

In order to obtain information relating to the existing health situation in each county, the committee sponsored a health survey of each county. Several months ago the committee also decided to sponsor a survey of hospitals which is now being carried on by the State Board of Health in cooperation with the Commission on Hospital Care.

### Source of Information

The major part of the information for this study was assembled by representative citizens from the rural and urban areas of each community. The survey program in the various counties was directed by county home demonstration agents, county public health nurses or county home managers of the Farm Security Administration and County Social Security Directors.

In addition to the information obtained from the counties, supplementary data have been furnished by the State Board of Health, the State Hospital Association, the State Medical Association, and the State Dental Association.

The committee wishes to express appreciation to all who have aided in assembling the information for this report.

### **Direction of Study**

The preparation of this report and the analysis of the material has been carried on under the direction of Mrs. Marguerite L. Ingram, Field Secretary, Health Committee, Northern Great Plains Council.<sup>1</sup> Mrs. Ingram has conducted similar studies for the state health committees of North Dakota and Wyoming.

### **Scope of Study**

This study has been largely confined to a description of the medical and health facilities of the state. Since the report on the survey of hospitals will be published in the near future, very little information regarding that phase of the problem is included in this report.

This study of the medical care and health facilities was not intended to include an analysis of the adequacy of the services, of costs, or of the methods of payment. In an analysis of the total health problem, the following aspects must be considered:

1. The need for additional medical care and health facilities.
2. The adequacy of services rendered by the existing medical care and health facilities.
3. The financial methods by which adequate curative and preventive medical and dental services may be made available to all.

As the basic information for the consideration of all phases of the problem, the committee decided that a study of the existing medical care and health facilities in each county would be undertaken first.

### **Need for Organization of Local Interest**

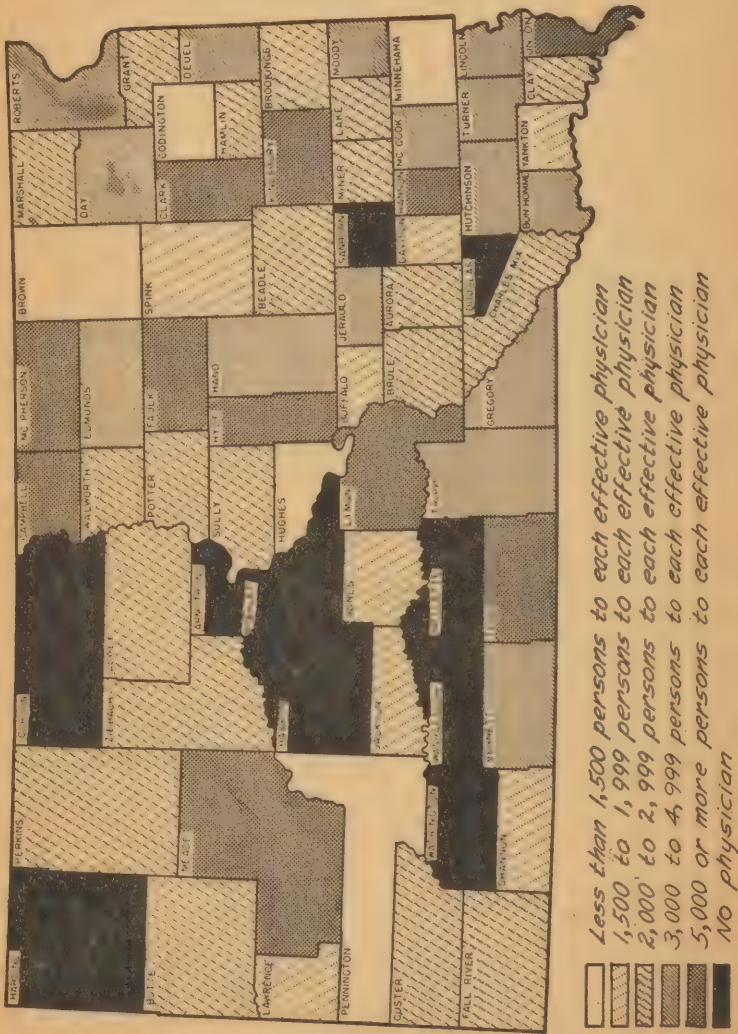
If all communities in the state can coordinate their efforts toward the betterment of their health and medical care facilities, it is thought that a way will be found by which adequate medical, dental, hospital and health services may be made reasonably accessible to each individual regardless of whether he resides in an urban center or a rural area.

If those interested in the extension of medical care and health facilities for their communities can assist the State Health Committee in formulating a unified program, our coordinated efforts directed toward definite goals should result in a comprehensive and constructive health program for our state.

---

<sup>1</sup> The program of the Health Committee of the Northern Great Plains Council has been made possible through funds granted by the Farm Foundation, Chicago, Ill.

CHART I—NUMBER OF PERSONS PER EFFECTIVE PHYSICIAN, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946.





**MEDICAL CARE AND HEALTH FACILITIES IN SOUTH DAKOTA****I. MEDICAL CARE FACILITIES****Situation in the Past**

In any study of the situation relating to the distribution of the medical facilities, one must be aware of past trends to be able to know all the factors which are influencing the present situation. The shortage of physicians in South Dakota which is one of the most important problems to be considered is due to a number of causes. One of the causes is due to the fact that during the past several decades the number of physicians graduating each year has not kept pace with the nation's increase in population. According to a recent statement<sup>1</sup> of the United States Public Health Service, the population of the United States from 1910 to 1940 increased 43%, whereas the number of persons graduating annually from approved medical schools during that same period increased only by 15%.

In the rural states, the situation has been further complicated by the fact that some physicians left the smaller communities for the larger centers or moved out of these rural states to locate in the more populous centers of the industrial states.

In Table 1 is shown the number of physicians in active practice in the census years of the past four decades. In 1910 there were 661 physicians in active practice located in 269 cities and villages. Of this number only 17 or 5% were 65 years of age and over. By 1940 there were physicians located in only 162 cities and villages and the number of physicians had decreased to 403. Of the 403, 82 or 20% were 65 years of age and over. In the period 1910 to 1940 the population of the state had increased 10% while the number of physicians during that period decreased 40%.

Relating the population to the number of "effective" physicians it is found that in 1910 there was an average of 913 persons to each effective physician whereas in 1940 there were 1,846 persons to each effective physician. This represents an increase of 102% over the number of persons to each effective physician in 1910.

In making an analysis of the situation in 1946, it was necessary to use the 1940 census population which may be somewhat higher than the present population in some of the counties. In the analysis which is being made in the hospital survey of the number of additional hospital beds needed, the 1940 census population has been used as the base. It was thought feasible, therefore, to use the same base for the computations for this study.

In 1946, the number of cities and villages having physicians is 115, a decrease of 30% since 1940. The number of physicians in active practice in April, 1946 was 331 of which 99 or 30% are 65 years of age and over. The number of persons to each effective physician increased in the last six year period to 2,426, which is 31% above the number in 1940.

In analysing the situation in the larger cities of the state, it is found that the number of persons to each effective physician in the cities also increased from decade to decade, in some instances at a higher rate than for the state as a whole. In South Dakota, it would appear, therefore, that it

<sup>1</sup> U. S. Public Health Service, letter dated May 9, 1946.

was not entirely a case of a migration of physicians from small towns to larger cities in the state, but rather one in which there was a decreasing number of physicians in both urban and rural sections of the state.

As indicated in the sharp decrease during the past six years in the number of localities having physicians, it appears that many of the physicians who left their practice in small towns to enter military service have not returned to their former location, or older physicians who retired during that period are not being replaced.

Some of the reasons stated as to why physicians have been unwilling to locate in small communities, especially in rural areas, are as follows:

1. Lack of accessible hospital and laboratory facilities.
2. Lack of contact with specialists and consultants.
3. Lack of opportunity for post-graduate study or vacations.
4. Lack of adequate income during depression periods.

Since the number of physicians was constantly decreasing in the pre-war years, especially in the rural states, it is presumed that unless very definite steps are taken to eliminate the causes of the trend, the reduction in the number of physicians will continue in the post-war period.

It should be emphasized that when effective physicians are mentioned, a sizeable proportion of these are specialists limiting their practice exclusively to their specialty. Included in this classification are specialists in eye, ear, nose and throat, pediatrics, orthopedics, allergy, internal medicine and a few who are limiting their practice almost exclusively to general surgery, and other specialties. Subtracting all of these from the general effective list, the need for a larger number of qualified general practitioners becomes increasingly apparent.

### **Standards of Medical Care During War Period**

At the beginning of the war period it became necessary to determine the relative medical needs of the armed forces and those of the civilian population. It was agreed by the American Medical Association and other agencies that if minimum standards of medical care were to be maintained for the civilian population, one physician was needed for each 1,500 persons. It was considered that the situation was "critical" when there was an area in which there were 3,000 or more persons being served by one physician. Previous to the war there were various estimates made as to how many persons a physician might serve adequately, such estimates all being less than 1,500 persons.

### **Number of Persons Served by Each Physician**

In Table 4 is shown the average number of persons served by each effective physician in the various counties. It will be noted that in Table 5 there are only five counties which come within the minimum of having a physician for each 1,500 persons or less. In these five counties, however, resides 20.9% of the population of the state. There are 36 of the 69 counties, containing 41.1% of the population of the state which have a ratio of 3,000 or more persons per effective physician and which, according to the war-time standard, are areas in which the medical care situation would be considered "critical." In 10 of these counties in which 5.5% of the population resides, there is no physician. In 4 other counties having a large area, the only physician is 65 years of age and over.

### **Additional Physicians Needed**

In order to have a ratio of one effective physician to each 1,500 persons or less in all counties in South Dakota, it is found that 163 additional physicians are needed (Table 6). If the present number of physicians in the counties now having less than 1,500 persons to each effective physician remained the same, 169 additional physicians would be needed to provide a ratio of 1,500 persons or less per physician in each county. If, however, any of the physicians 65 years of age and over were to retire and be replaced by physicians in a younger age group, the additional number of physicians needed to bring all counties within the minimum standard would be less than 169.

### **Area Served by Each Physician**

In areas of sparse population, it would seem that in addition to the factor of the number of persons to be served and the age of the physician, the size of the area to be served must also be considered in any planning for the provision of an adequate medical care program.

In Table 7 showing the average number of square miles to each physician in the various counties, it is found that 6 of the 7 counties having an area of 1,000 square miles or more, have only one physician in the county. The lack of telephone service in many rural areas and poor road conditions during winter months has constituted a formidable obstacle in obtaining medical services in these sparsely settled areas, especially when emergency care has been needed. Due to these factors and the time element in travel, it would seem that if adequate medical service is to be provided to persons residing in sparsely settled areas, the number of physicians required for those areas should be greater than in more populous areas.

### **Availability of Medical Personnel**

In any planning for the extension of medical services, communities should be cognizant of the present national shortage of physicians and medical auxiliary personnel. Even with the return of many physicians from military service, there will still be a shortage of physicians to care for the civilian population. There are several factors which have brought about this situation. One is that during the war years, when the younger physicians left for military service, older physicians had to bear heavy responsibilities. Because of the strain they have undergone, they are now having to retire at an earlier age than was the case in former years.

Another factor affecting the supply of physicians has come as a result of a Selective Service regulation under which men eligible for military service were not deferred for medical education. Due to this ruling the number of graduates of medical schools during the next few years will be much smaller than usual.

One factor affecting the supply of physicians for care of civilians is the increased demand for medical personnel in veterans' hospitals and military hospitals.

The fourth factor affecting the present supply of physicians is that many physicians who have been in the armed forces, especially those who entered military service immediately upon graduation from medical school, are expecting to spend one or two years in further study before starting their civilian practice.



Since this acute shortage of physicians may continue for several or more years, the extension of hospital and other medical care facilities will be necessarily retarded. Expanded medical care and hospital facilities will be of little assistance if there is an insufficient number of physicians and nurses to provide the services.

It is considered that the recent extension of the Medical School of the University of South Dakota from a two year course to a four year course will be of assistance in increasing the supply of physicians for this state.



## II. DENTAL CARE FACILITIES

### Number of Persons Served by Each Dentist

In order to assure minimum standards for dental service for the civilian population during the war emergency, it was considered, by the American Dental Association and public health agencies, that one dentist was needed for each 2,000 persons. In Table 10 it is shown that in South Dakota at present there is an average of one dentist to each 2,417 persons.

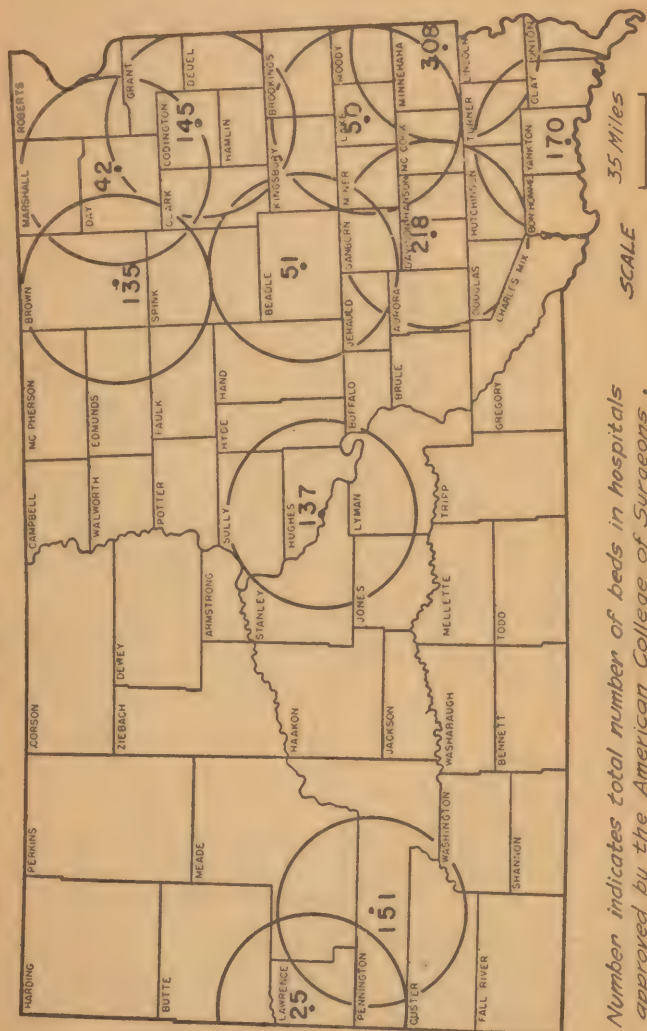
In Table 11 it is shown that 34.9% of the state's population residing in 14 counties comes within the minimum war-time standard of having one dentist to each 2,000 persons or less. 22.3% of the population residing in 27 counties has either 4,000 or more persons per dentist or has no dentist in the county.

### Additional Dentists Needed

In order to have a ratio of 2,000 persons or less per dentist in all counties. 55 additional dentists are needed. If the present number of dentists in the counties now having less than 2,000 persons per dentist, however, remained the same, 86 additional dentists would be needed to provide a ratio of 2,000 persons or less per dentist in each county.



CHART III—HOSPITALS APPROVED BY THE AMERICAN COLLEGE OF SURGEONS, SHOWING 35 MILE RADIUS  
AND NUMBER OF BEDS, SOUTH DAKOTA—APRIL, 1946.



1 **Journal of American Medical Association**, April 20, 1946.

Veterans' hospitals and state institutions are not included.

### III. HOSPITAL FACILITIES

#### Distribution of Hospital Facilities

When the report of the hospital survey is completed, detailed information will be available as to the facilities in existing hospitals and as to the communities which are in need of additional hospital facilities. In this report there is information pertaining only to the distribution of the present hospital facilities.

In Table 12 is shown the number of general-care hospitals which are approved by the American College of Surgeons. Chart III shows the location of these fifteen hospitals, the number of beds and the area covered by a 35-mile radius. Federal and state institutions in South Dakota which are approved by the American College of Surgeons are not included in this list.

In Table 13 is shown the number of general-care hospitals which are registered by the American Medical Association, and the ratio of beds in those hospitals to the population of the county. In these 43 general-care hospitals in South Dakota there is a total of 2,243 beds or 3.5 beds per 1,000 population. The average number of beds per 1,000 population in institutions registered by the American Medical Association for the United States is 3.51.<sup>1</sup> In 36 of the 69 counties of the state there is no hospital registered by the American Medical Association. In these 36 counties resides 34.7% of the population of the state.

In Table 14 is listed all general-care hospitals in the state, these hospitals providing a total bed capacity of 2,470. This number provides a ratio of 3.8 beds per 1,000 population. Of these 58 hospitals, 15 are not registered by the American Medical Association and 43 are not approved by the American College of Surgeons. In the 15 hospitals not registered by the American Medical Association are a total of 227 beds.

In addition to the 58 institutions classified as general-care hospitals are 45 institutions classified as "maternity homes". In most instances these are private homes in which a limited number of maternity cases are accepted for care. Among this group of institutions maintained primarily for maternity care are, however, 9 which occasionally provide emergency medical or surgical care.

#### Number of Hospital Beds Needed

If adequate hospital care is to be provided for all who need such service, the number of hospital beds required per 1,000 population has been estimated at a higher number than the present national average. In a recent report<sup>2</sup> of the U. S. Public Health Service, it states, "For purposes of calculating future bed requirements in non-federal general hospitals, 4.5 beds per 1,000 population has been taken to represent a reasonable standard of adequacy. . . . The figure of 4.5 beds per 1,000 population admittedly is a compromise between a theoretical ideal and a practical achievement." To compensate for the factor of sparsity of population, this state, no doubt, will need a somewhat higher ratio of hospital beds to population than 4.5 if the hospital needs are to be met adequately.

---

<sup>1</sup> Journal of the American Medical Association, March 27, 1943.

<sup>2</sup> U. S. Public Health Service, **Health Service Areas**. Bulletin No. 292, pp. 5.

The crowding of the present hospital facilities has been ascribed to various causes, some of which are as follows:

1. With a higher income level during the present period, people are better able to pay for hospital care than they were during the depression period.
2. With pre-payment hospital insurance, people are able to spread the costs of care, and are, therefore, in a better position to afford this service.
3. Under the "Emergency Maternity and Infant Care" program for wives and infants of servicemen, obstetrical care in hospitals was provided. Under this program the number of births occurring in hospitals increased.
4. With the use of some of the newer treatments and drugs for certain conditions and diseases, hospitalization is required, whereas, previously, care for these diseases was provided in the home.
5. With the shortage of physicians, it has not been possible for them to make many calls in the homes. In order for physicians to give the necessary close supervision of treatment, more persons have had to be hospitalized than was previously necessary.

In Table 17 are listed the 56 cities and villages having one or more physicians but which do not have any general-care hospitals. In these 56 places are located 69 physicians. Of these 69 physicians located in cities and villages having no hospitals, 40 are 65 years of age and over.

In Table 18 are listed the 13 cities and villages having a population of 500 or more which have no physician and which are 20 miles or more from the nearest physician. In Table 19 are listed the 3 cities and villages of 1,000 or more population which have no physician but which are less than 20 miles to the nearest physician.

If younger physicians who have been trained in modern medicine are to have the necessary facilities with which to carry on their work, it is apparent that hospital facilities of some type must be made accessible to them. There are many communities in this state far removed from present hospital facilities which appear to need some type of hospital facility within the area.

### **Hospitals Closed**

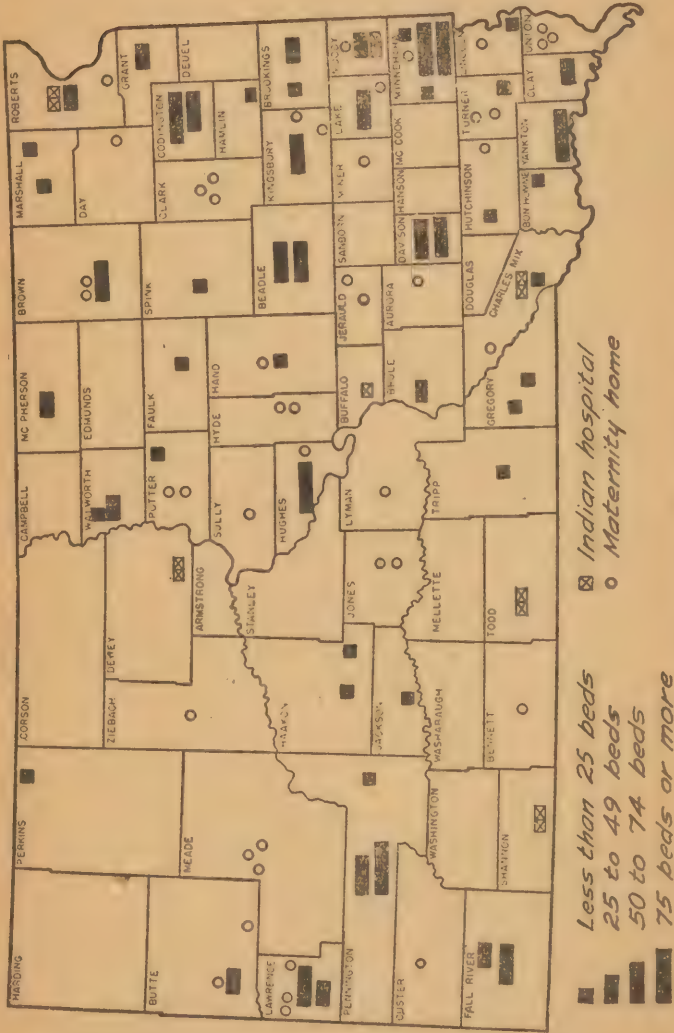
In Table 20 are listed the 13 cities or villages which reported in the county health surveys that their hospital had been closed in recent years. In a few instances the reason for closing was stated as "lack of funds". In most instances the reason given was the lack of a physician.

### **Plans Being Discussed for New Hospitals**

In Table 21 are listed the 43 cities and villages in South Dakota in which new hospitals, replacement of existing hospital buildings, or additions to existing hospitals are being planned or discussed. The forthcoming Hospital Survey will contain more complete information pertaining to proposed hospital plans for meeting the needs of this state.



CHART IV—GENERAL-CARE HOSPITALS<sup>1</sup> AND MATERNITY HOMES<sup>2</sup>, SOUTH DAKOTA—APRIL, 1946.



<sup>1</sup> State Board of Health and **Journal of American Medical Association**, April 20, 1946.

<sup>2</sup> State Board of Health, list of approved maternity homes, 1946.

---

#### IV. AMBULANCE SERVICE

In studying the situation in the state relating to ambulance service, the County Health Surveys, (Table 22), disclosed that there are 14 counties, at present, which do not have an ambulance service. It will be noted that the rates charged for ambulance service vary greatly from county to county and often within the same community. With the long distance those in remote areas must go for medical or hospital care, any ambulance service becomes a large item of expense. Those residing in rural areas who must pay ambulance costs in addition to other medical and hospital costs have, therefore, a greater expense in obtaining medical service than do those residing in urban areas.

CHART V—CITIES AND VILLAGES IN WHICH NEW HOSPITALS OR ADDITIONS TO EXISTING HOSPITALS ARE BEING DISCUSSED OR PLANNED<sup>1</sup>, SOUTH DAKOTA—APRIL, 1946.



<sup>1</sup> State Board of Health, South Dakota State Health Committee, County Health Surveys, January, 1946.



## V. LOCAL FULL-TIME PUBLIC HEALTH FACILITIES

### Personnel

In Table 23 are listed the number and classification of the full-time public health personnel in each county. Chart VI shows 58 counties, including Armstrong County which is unorganized, which have no county-wide public health nursing service or other local public health service. In two counties, Shannon and Todd, nursing service is provided the Indian population through the U. S. Bureau of Indian Affairs.

Two counties, Minnehaha and Pennington, have public health units. Minnehaha County has a full-time health officer while Pennington County unit has a part-time health officer. In the Minnehaha County health unit are two sanitarians and three public health nurses. The Pennington County unit has the services of a sanitary engineer, two sanitarians, and four public health nurses.

In the other counties are physicians in private practice who serve as part-time health officers. In ten counties, including Armstrong County, however, there are no physicians and, therefore, there are no part-time or full-time health officers.

In twelve counties the largest city in each provides the services of a public health nurse to care for the school population. In Minnehaha and Pennington Counties which have a health unit, there is also school nursing service provided by the largest city in each county. In the ten other counties in which there is school nursing service in the largest city, there is no public health nursing service available to the balance of the population in those counties. (Chart VI).

The school authorities of the following cities are providing the services of school nurses:

Belle Fourche	Redfield
Hayti	Sioux Falls
Huron	Vermillion
Milbank	Watertown
Mitchell	Webster
Rapid City	Yankton

### Water Supply Sanitation<sup>1</sup>

In Table 24 are listed the municipal water supplies in South Dakota, including those which are approved and those in which chlorination is used.

Municipal water supply sanitary requirements have been established by the Conference of State Sanitary Engineers. These requirements were used as a guide in determining the supplies in South Dakota that were officially granted the approval of the Division of Sanitary Engineering of the State Board of Health. Many of the supplies not listed as approved could be included in the "Approved" list if and when certain changes are made in conformance with the requirements of the Conference of State Sanitary Engineers. Some of these changes are relatively minor and others involve large expenditures. The occurrence of waterborne disease has been

<sup>1</sup> The analysis of the water supply sanitation and the milk sanitation program was prepared by Mr. R. G. Spieker of the Division of Sanitary Engineering, State Board of Health, under the direction of Mr. W. W. Towne, Director, Division of Sanitary Engineering.

reduced to an all time low in South Dakota, but still the sanitary protection of public and semi-public supplies remains as one of the important problems facing sanitary engineering personnel of the State Board of Health.

When a supply is officially approved, the city agrees to a specified bacteriological sampling schedule. The state does not require routine bacteriological analysis of all municipal supplies. If a municipality wants this work done, the State Board of Health will do it free of charge. There is a recommended minimum interval of time between routine bacteriological samples and a recommended minimum number of samples that should be taken. However, these recommended minimum numbers vary according to the type of supply, construction, possibility of contamination, degree of treatment, etc., and therefore, specified time intervals between routine bacteriological samples for unapproved supplies are not included in the table because the State Board of Health assumes relatively little control over this procedure. Even though the sampling interval may be listed as "none specified" the supply can be subjected to varying intervals of sampling and numbers of samples required by the State Board of Health to protect properly the health of the community. A program for establishing sampling procedure set forth in the 1946 Standards of the United States Public Health Service is being set up by the State Board of Health.

The interval of time required for bacteriological examinations of water supply as determined only for those supplies which are approved by the State Board of Health, is as follows:

1. Deep wells (over 100 ft.—at least twice annually.
2. Shallow wells (less than 100 ft.)—at least bi-weekly.
3. Treated water regardless of source—at least bi-weekly.
4. Any supply which on the last previous analysis indicated contamination—as often as the State Board of Health may require.

### **Milk Sanitation Program**

Under South Dakota laws the State Department of Agriculture is charged with inspection of dairies and milk plants on a statewide basis. However, the State Board of Health through the Division of Sanitary Engineering has interested itself in milk sanitation to the extent of offering technical advice and assistance to county and municipal health officers on this problem.

The U.S.P.H.S. Standard Milk Ordinance is used as a basis for the State Board of Health program relative to milk sanitation. The adoption of the latest edition of this ordinance by municipal governments is recommended. Under this ordinance the production, processing, and distribution of milk is regulated by the municipal health authority. The following municipalities in South Dakota have adopted, and are at the present enforcing this ordinance: Sioux Falls, Rapid City, Mitchell, Watertown, Vermillion, Pierre, Belle Fourche, Hot Springs, and Edgemont, (Table 25). The ordinance has been adopted in all of these municipalities within the last four years. Due to the unusual conditions existing during that period relative to securing equipment, building or remodeling, and labor, the progress that might have been expected in normal times has not been made. However, a great deal of progress has been made and in the near future it is expected that all of the above named communities will have at least some Grade A. milk available.

Since the mere passage of an ordinance by a municipal government does not solve the problem of milk sanitation, the State Board of Health has entered into an agreement with those municipalities having passed the ordinance, whereby, upon their payment of a certain stated sum annually, the State Board of Health furnishes inspection and laboratory service for the enforcement of the milk ordinances. It is believed that by such a program communities which are too small to afford the full-time services of a competent milk sanitarian and are, therefore, forced to put up with a questionable milk supply, can secure the services of trained personnel and laboratory facilities and thus have the same advantages as the larger communities, insofar as a safe milk supply is concerned.

Aside from the local milk sanitation programs which the State Board of Health sponsors, other activities relative to milk sanitation are:

1. Technical advice to and supervision over local inspectors working under the cooperative inspection program.
2. Furnishing these local inspectors with material relative to enforcement of the local milk ordinance.
3. Education of milk handlers and milk producers through the local health authority.
4. Approval of plans for new milk pasteurization plants.
5. Inspection of sources of milk for interstate carriers for U.S.P.H.S.
6. Enforcement of State Board of Health regulation forbidding use of Grade A. label in communities where U.S.P.H.S. Standard Milk Ordinance is not in effect.

### Local Health Units

As stated previously, only two counties, Minnehaha and Pennington, have a local health unit at the present time. It has been reported recently, however, that plans are being made for the establishment of a health unit with headquarters at Aberdeen. If this unit is established, it will probably include Brown, McPherson, Edmunds, Walworth and Campbell Counties. The inclusion of these counties in such a unit follows the proposed state-wide plan as shown in Chart VII.

As shown in Table 26 and in Chart VII, the proposed health unit plan provides for fifteen districts in South Dakota<sup>1</sup>. According to an analysis made by the American Public Health Association, it is considered there should be a district health unit for each 50,000 persons or less. In each of these units there should be a full-time public health officer, a sanitary engineer for each 25,000 persons and a public health nurse for each 5,000 persons. In the proposed health units, it is thought that if a complete health program is to be maintained, there should also be in each unit a health educator, a dentist, a laboratory technician and a sanitary inspector. To maintain a complete local health program, the annual per capita cost is estimated at \$1.00.

Table 26 lists the counties in each of the proposed district health units and the amount a one half-mill tax levy on the 1945 valuation would raise for this program. In South Dakota there is no special statutory provision for the establishment of district health units. In many states, permissive legislation has been enacted under which counties may unite to establish a

<sup>1</sup> **The Commonwealth Fund**, Local Health Units for the Nation, pp. 268 - 273. State Board of Health.



district health unit. In some states, counties are also permitted to assess a half-mill tax levy toward the support of this program. In cases in which the county tax levy is insufficient to cover the total cost, funds granted the state from appropriations made to the U. S. Public Health Service for this purpose, can be used to pay the balance of the cost of district health units.

## VI. "THE HEALTH SITUATION IN OUR COUNTY"

The following excerpts are taken from the general remarks contained in the county health surveys made by representative citizens in the various communities. The excerpts were selected to show different phases of the general health problems in the state and do not describe completely the health situations in each county. Remarks contained in the survey of many counties are not included, since they were a repetition of statements taken from other county reports.

### **Aurora County**

"Roads poor. Train service, one a day; no service for sick people. We haven't a doctor or a dentist in our town, and haven't had for about eight years. There used to be two doctors and a dentist, and plenty to keep them all busy. It is 13 miles to the nearest doctor or dentist. Telephone service is poor. It is 37 miles to a hospital, and ambulance service is poor and very expensive. Our town surely needs a doctor."

### **Beadle County**

"(1) Should have rural school nurse who can give her full time to health problems in rural schools only. (2) More dental and immunization clinics for children in our rural schools. (3) In some rural communities, more education along health lines—to raise standards of health in the home. (4) Community badly in need of more hospital accommodations. (This will be corrected in some degree by the two new hospitals). (5) Need more dentists, as one must wait from three to six weeks in many cases to get an appointment with a dentist."

"I do think there should be a health clinic conducted in the schools. It has been some time since such has been held. I also think it would add much to the health of school children in our school if a hot school lunch was served every day. Perhaps I am a crank on the subject, but it must be a worthy undertaking or other school districts would not continue the practice. Our children ride 14 miles at night in the bus, six in the morning."

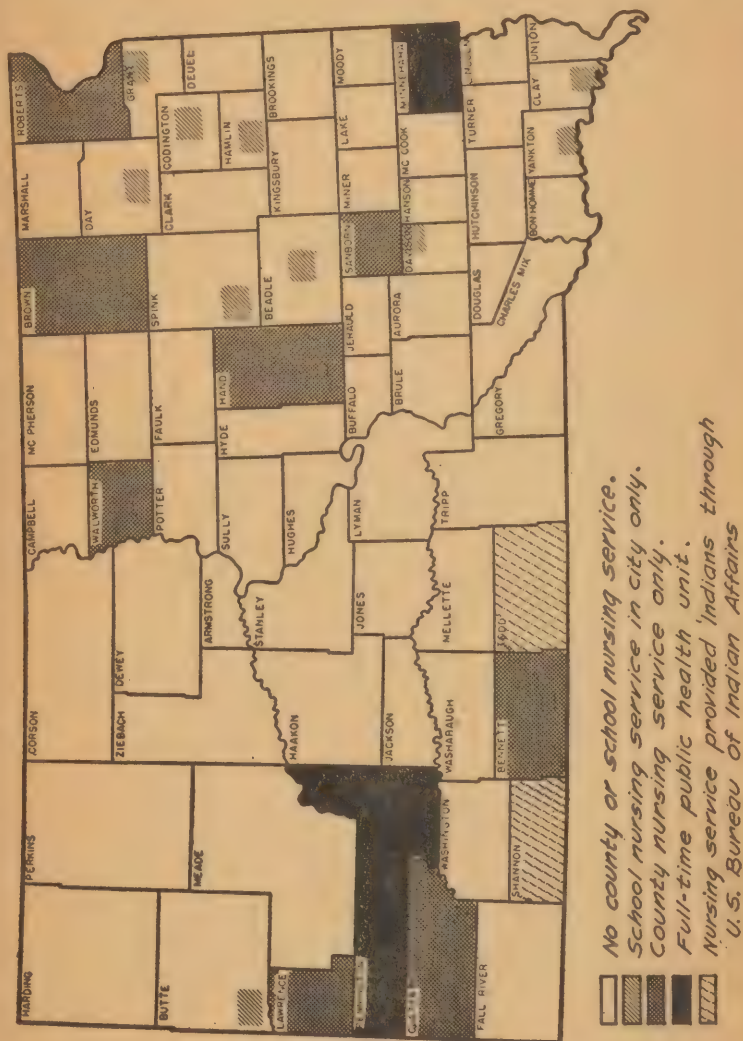
### **Bon Homme County**

"Our milk supply, while adequate, leaves much to wish for as far as cleanliness is concerned. Strong state supervision should be provided. Furthermore it has been fully eight years since cattle have been tested for tuberculosis. I know it is paramount that this should be resumed. A few weeks ago, I had an occasion to test the cattle of a conscientious dairy man and found three reactors to tuberculosis in a herd of fifteen holstein cattle. If this condition prevails in a herd that is well cared for, what must be the situation in general?"

### **Brookings County**

"We need some sort of check-up of our school children, as some parents are too indifferent, and minor ills such as diseased tonsils become serious. I recommend that our county or the State Board provide this at regular intervals. Our children are often handicapped because of poor health conditions."

CHART VI.—LOCAL FULL-TIME PUBLIC HEALTH PERSONNEL, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946.



Note.—In Minnehaha and Pennington Counties, school nursing service also provided by cities of Sioux Falls and Rapid City.



**Brown County**

"In a certain limited territory around ..... where there used to be 23 doctors, there are only 3 now. People from this community go to doctors in ....., where there are also hospitals. One usually makes an appointment two weeks ahead before going to a dentist. One waits and waits for a doctor or makes an appointment a week ahead if it is not urgent."

**Brule County**

"Arrangements are being attempted to raise funds for a hospital in ..... Medical care and hospital facilities are about the same as in any rural community, very poor. More doctors and dentists are needed in our towns; furthermore, it is my firm belief medical insurance is needed for all."

"Greatest need and real need is a modern hospital. Until provided, we cannot be sure of adequate services of doctors, needed for as large a city and country served by ..... Nurses also do not feel attracted to present hospital facilities. Closest modern hospital is in ....., 73 miles away. Past experience shows that our present facilities must take care of numerous accidents, especially during tourist season. For such, our present hospital facilities are wholly inadequate."

"After filling out this questionnaire, one realizes how badly small villages are in need of health and medical care facilities. Now that the war is over, it should be possible at least to have a doctor and inspection service in every city, big or small. We owe that much not only to ourselves but also to the boys that are coming home from war—boys who fought and bled for a better world to live in. I'm glad Governor Sharpe has appointed a State Health Committee. .... is in need of a good doctor."

**Butte County**

"I wish to say we haven't any medical care in our community. When an emergency arises, we must either drive over rough graveled roads to ..... and take a chance on seeing a doctor there, or, many times I have known people to go there and couldn't get to see a doctor without an appointment so they had to drive 65 miles to ..... About half of the way there to ..... the roads are very rough and in wet weather or winter time are almost impassable. The hospital that they have in ..... is a makeshift sort of place, not to be considered in any circumstance if anything else is to be had."

**Charles Mix County**

"There are alleys in our town in need of a clean-up. One cafe is very careless in regard to disposing of garbage and has been all summer . . ."

". . . Rats are very numerous here and really should be taken care of. Our milk is brought in by farmers and is from clean homes, but they have no way of having it pasteurized."

"The government takes care of the health of the Indians, and the white people shift for themselves. . . ."

"Medical care in the community is practically non-existent. Town would be an easy prey to serious epidemic. Civic organizations should take

immediate steps to procure some measure of protection. Getting a doctor would be the best way to start."

### **Campbell County**

"There has been a crying need for medical facilities of some kind in this county. We have been without a doctor for several years. We have no hospital, we have no medical service at all. Also there is only one drug store and that is in the far corner of the county. Our population is approximately 5,000. It is necessary to travel from 27 to 40 or even 100 miles to secure proper treatment, and that, if travel conditions are poor, puts us under a real handicap. In fact, in some instances it is almost a case of a patient getting well, being crippled, or dying all by himself. This statement might seem a bit strong in this day and age, but as far as medical and surgical help are concerned, you could just as well write the word 'BLANK' across the pages of Campbell County."

### **Clay County**

"I believe at the present time that we are in need of more doctors. Those in neighboring towns are much too busy to give the care and attention needed. A person requiring medical care is much too uncomfortable to wait in an office for hours as we have to do. I do not blame our doctors, but I do feel that a few available doctors are compelled to be in charge of too large a territory."

### **Corson County**

"In this community instead of remarks pertaining to medical care, we literally would be limited to the phrase, 'Absolutely None', because for any medical care we must go outside the community almost 50 miles or further, or call in a doctor to travel the same distance. Needless to say, in the case of serious accidents or epidemics we are in an extremely helpless position. Until some five years ago, we had a doctor in this community, and he serviced the territory some 50 by 80 miles in size. After his death, this territory is literally without medical services. There are three or four thousand people living in this area. Matters of communicable disease, quarantine, and other items that are handled by public health officers are not securing the attention they should."

"Indian service doctor spends one day per week in ..... public school for Indian community as a whole. Does not serve white people. Medical service for whites is not merely inadequate—it is non-existent. Epidemics reach greater proportions because of the lack of immediate medical attention, and lack of medical facilities when epidemic is in progress. We must go outside the community for any medical attention, due to lack of facilities in this community."

"No doctor or hospital in entire county. Very serious condition. No nurse in county. Schools present an alarming problem on contagious diseases. Pupils must be taken long distances for vaccination."

"Location of a doctor in the county will present a problem without a hospital. I feel that a hospital could be erected within the county if a resident doctor could be procured. The health situation in the community is really very serious, with only one doctor 31 miles distant, who has a

very large territory surrounding that city. It is almost impossible to get help in case of an emergency. This doctor resides in Perkins County, and I believe he is the only doctor available for both Perkins and Corson County."

### **Day County**

"We are sure up against a real problem when anyone is taken sick suddenly. There are so many old people around this village it is a shame that we do not have a good doctor closer than 35 miles."

"It is my contention that each small village should have some sort of a medical office for first aid treatments, etc. I would be willing to do my share in regard to this matter, if some health plan should be worked out for the benefit of the citizens of our community."

### **Dewey County**

"County nurse service discontinued for lack of funds. No doctor now located within the entire county. The medical care is practically non-existent and must be obtained outside of the county when needed."

". . . It does seem that there should be some Government encouragement for doctors or nurses to come into this type of community to help out. The state used to send in doctors and nurses on different occasions, which apparently has been discontinued, and was quite an advantage to us all.

"One of the main things we miss here is people having an opportunity to have their water analyzed for drinking purposes. It used to be that anyone could send a sample of their water from their wells into the laboratory and it was tested and returned immediately, as to whether or not it was fit for drinking. The Government could do a great service for our people if they could provide laboratory service along this line, and the people would be willing to pay a reasonable charge."

### **Douglas County**

". . . In this community there is no medical care of any kind—no doctor or dentist. The situation is more serious than indicated, however, because there is no medical care in neighboring communities, and in the one to the north where there is a physician, he is overworked and cannot serve this community in addition to his own. Practically all of our people must drive 25 to 40 miles to visit a physician, and then find them so busy they cannot get their needs adequately cared for. There are an estimated six to seven thousand people here who have no medical care.

"Suggestion: Train some doctors who understand something about how people live in rural areas. Not all people in the United States live in cities."

### **Edmunds County**

"Like all small communities, even a distance of 28 miles works a hardship when hospitalization is necessary. A small county hospital would be a fine thing. More convenient, too, and would be the means of holding a good doctor in this locality."



**Faulk County**

" . . . Transportation is another large item, since we have no train passenger service. We have a bus, but it is in poor condition and is no place for anyone who is ill to ride. Consequently, in each town some loyal citizen who has fair tires, has to take his car and transport these elderly people, also our widows and orphans to and from doctors and hospitals."

**Grant County**

"At one time we had a county school nurse. It was part of a W.P.A. project. I think this was a very good thing for our rural schools. I think the rural school should have a nurse that goes to visit the schools and check the children's health and habits. We have a very fine hospital but at present it is very crowded. We need an Old People's Home in our county."

**Haakon County**

" . . . There is one doctor at ..... He is a good one, but has such a large practice that really sick people often wait for hours in his office to see him. It takes so long to see him that unless patients are in acute misery they just don't bother. We can't expect top health service out here in this sparsely populated region, but what we should have is at least two doctors in ..... and a county network of gravel roads to enable us to get to a doctor. We should also have a county nurse. These three things are urgently needed and are entirely reasonable. But the most critical need is for another doctor."

**Hand County**

"We have biannual immunization clinics held in different areas of the county to accommodate the community. One of our local doctors is in charge. Home nursing classes are held in the court house, in the public health nurse's office for those interested, at least one class during the school year.

"We have physical education programs in our school, with a physician check-up for each child before he is permitted to take part. The physical check-up is offered to the children by the local doctors. However, those that do not take advantage of the doctor's examination may be checked by the public health nurse and referred if it is found necessary. . . ."

"Clinics for immunization of school children are held in ..... every six months with good attendance. People and stores are anxious to have 100% pasteurized milk, but within the past few weeks there has been a grave shortage of even raw milk."

**Harding County**

"Perhaps there are but few communities in the entire United States that are worse off than the west half of Harding County when it comes to medical care. As previously stated, up until about ten years ago we at ..... had a good hospital, well equipped and well staffed. Since then we have had no doctors except those mentioned in connection with the county welfare set-up and two different osteopaths that practiced at

..... and made weekly trips to ....., but these have now been discontinued.

"There are no hospital facilities there either, the nearest being ....., 72 miles away. These are long miles for a sick person, even though our dirt roads are passible at the time, and many months of the year they are impassible, due to mud and snow.

"During the winter of 1943-44 and again in 1944-45, the roads were completely blocked for as much as ten days at a time. They would then be opened up and would again become blocked within a day or two, thus shutting us off from the outside world for another uncertain period. During these winters, it was necessary to have sick persons carried out on airplanes that were equipped with skis so they could land and take off again. This is expensive, hazardous, and very uncertain means of transporting sick persons to medical care. Surely we in Harding County deserve something more in the way of medical care than what we have.

### **Hutchinson County**

". . . I don't believe anything has been done with respect to child health service in this county since the county nurse was discontinued. I'd like to see some action. Some day a diphtheria or smallpox epidemic will hit this county and there will be plenty of 'material'."

### **Jackson County**

"A county nurse would be fine, but the county lacks necessary funds. We should have more county health clinics."

### **Jones County**

"The county nurse through school children examinations with occasional visits by examining physicians are the only public health facilities ever had in this community. Pre-school clinics with sufficient time for the examinations could be a benefit."

"This is a small community and could hardly support a full-time doctor or dentist, but a doctor or dentist could come from a neighboring town probably three days a week to take care of the needs of this community. The nearest doctor is located at ....., and he has so many patients to care for that he is overworked. He has to travel hundreds of miles each week to take care of the sick. Our medical situation could be greatly improved if we even had a county nurse."

"Health situation poor, especially because of lack of dentist service and lack of good water supply."

### **Kingsbury County**

". . . The large revenue that comes into our state of South Dakota from hunting license sales could be put into many uses for the health program of our state. One suggestion could be that cities very interested in having hospital facilities, such as ....., could probably go ahead with a substantial appropriation from this revenue. I don't believe doctors will be attracted to this locality without hospital facilities and I know we need them badly for such a large territory as this. Doctors and dentists are urgently needed here."

"We consider the situation in ..... and vicinity very serious. In cases where a patient can travel 32 miles to consult a physician he is often forced to wait as long as eight hours and in many cases must enter a hospital and remain two or three days to get attention of any kind. Time and money often prevent persons from receiving care. In cases of emergency even first aid is out of the question and the chances for saving a life depend on reaching the hospital in time.

"Milk supply is short and in need of inspection. Many people are employed in handling food who are unfit for same and a health certificate for same should be required. We feel that a county nurse could be of great service here in helping combat disease and bad health habits in the schools."

#### **Lawrence County**

". . . The condition of some dairy barns from which raw milk is sold should be inspected. There should be more rigid law in regard to care of dairy cows, barns, feed and care of the milk, etc., as there are in some states. The creamery which distributes milk should be forced to pasteurize it. This community should have a school or community nurse, or the county nurse at ..... should have an assistant, as there is too much work for one person to cover thoroughly.

"A better water system would be a great improvement to the health of this village."

"It is my belief that adequate medical care will not be provided until some form of socialized medicine is introduced to the community, as the average family income is much too low as compared to the high cost of medical care."

#### **Lincoln County**

"I would suggest a regular one-day-a-week office hours for a good physician. Many of this town's citizens are too old to drive to a neighboring town for medical treatment."

#### **Lyman County**

"Deplorable is the only word I know to describe our medical situation. A county nurse is badly needed here, in my opinion, and I believe it would be a good location for a doctor."

#### **Marshall County**

"Without any exaggerations, we have simply no medical or health conveniences in our community. Roads are good in the summer, but become blocked for days at a time during the winter. There is no bus service. The school well has water that is unfit for use. At times it is almost impossible to see a doctor and it is necessary to wait several months for dental care."

#### **Meade County**

"The medical care and health situation in this territory is serious and a hospital with an efficient staff is certainly needed badly. Due to the great distance to a hospital and condition of roads during much of the time, there are many cases where a few hours time in getting to a hospital become a serious matter."



"We are in a position where we must have more medical services as soon as we can possibly get them. We badly need a small hospital to serve this area. We also need to develop a more extensive health program to adequately cover the area, and to carry out the services that are needed. In fact, we need to go a long way in improving our health program. We are willing to do everything we can to help this matter along."

### **Miner County**

"... A small hospital well equipped should be established in the county where each medical man could take his patients for surgery, confinement, etc. Major surgery of course could be referred. As it is now with the present prosperity, everyone wants to go to a distant hospital regardless, and they are urged to go by every one and every organization under the sun. This situation in itself is creating the lack of medical care one reads about. Doctors in larger cities have no monopoly of medical knowledge, but they do have of facilities."

"Much of the medical care is a hit and miss proposition, as most folks merely call at the doctor's office and don't go back for observation. Most farmers and low income workers never see a doctor until they are about ready for the undertaker, and then it is too late. Now that the war is over, it is high time to have a community hospital, dentist, etc., so that the people can have the opportunity to check up on their health at low cost, and try to acquire health equal to that of hogs and cattle."

### **Moody County**

"One of the needs of the county at present is a good county nurse to work in collaboration with the school systems and thus discover many minor ailments which when neglected may result in more harmful affects."

"... There is a great need for more health education and supervision of public health rules. I feel that practicing physicians should be forced to either take "catch up courses" or take examinations every few years as so many do not keep abreast of the newer treatments."

### **Perkins County**

"... Improved farm conditions and prices these past four or five years have affected the health situation in that people now have money and are more apt to take their children to a doctor, or a clinic, than in the years when times were bad and there was little money to spend on health unless the patient were seriously affected. More mothers go to hospitals for child-birth, and seek a physician's care in the pre-natal period more so than a few years ago."

### **Sanborn County**

"We really need more doctors. Now we have to write six or eight weeks in advance for an appointment. Then you won't have a chance unless you are a regular patient. I really believe South Dakota could keep twice as many doctors and dentists busy for the next few years. There could be much more done on compulsory tests for T.B. and social diseases. Then the patients should be made to take treatments and proper precautions to protect the public. More information would help too. There

should be more information about the institutions for the insane and feeble minded. Some people won't send members of their families to these places because they think it is a disgrace. When really it would be a kindness to the persons who are mentally ill or feeble minded."

"For this city and community it would be well if we could get a doctor who does not care to practice surgery. We would like to get a middle aged doctor who would be interested in general practice."

#### **Tripp County**

"... We have a 'horse doctor' in town. When a horse or hog is sick we telephone and he comes, but if a member of the family gets sick, we're out of luck in getting a doctor."

#### **Washabaugh County**

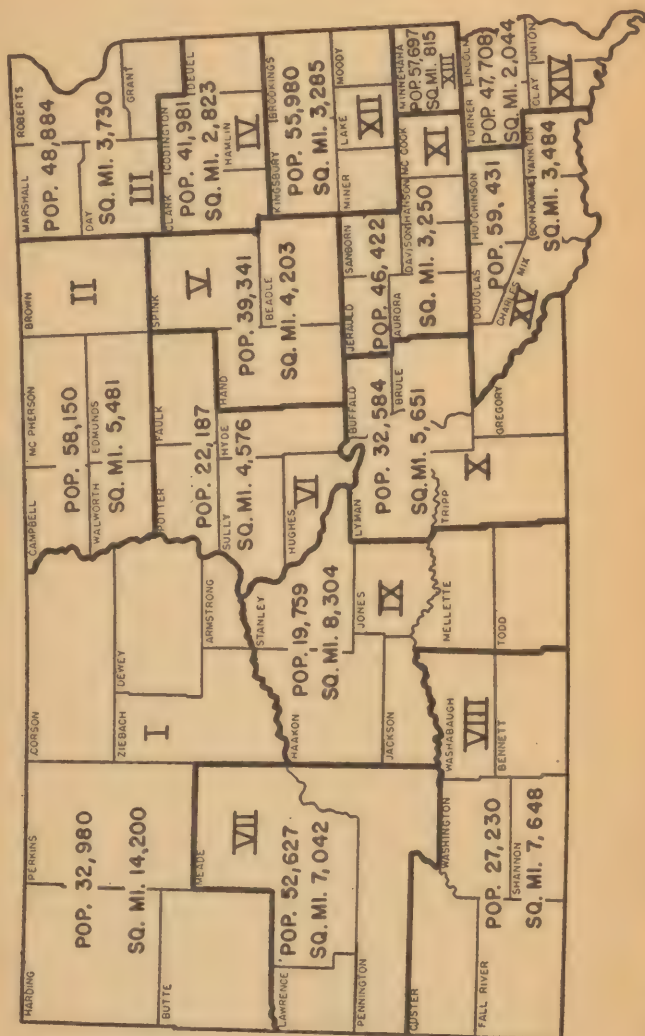
"Should have more health clinics within reasonable distances that we can take family to at times of the year that we can get out. The clinics we have are always in the winter time, and it takes us two or three days to get to them if the roads are impassable at the time.

"We used to have a county nurse that did very valuable work in this territory. Cannot understand why this service was discontinued, unless it was by some board who wanted to save a few dollars on taxes and cause the individual tax payers to pay much more when some of the sicknesses could have been eliminated with the above mentioned service."

#### **Yankton County**

"... The medical care and health of this community is a big question. It is certain that this community could have a lot better medical care. People are not checked for ailments until they go to the doctor themselves, and in a lot of cases it is too late and the patients die. Doctors can't perform miracles, and if people could be checked say twice a year the doctors would be able to save a lot of them."

CHART VII--PROPOSED DISTRICT HEALTH UNITS<sup>1</sup>, POPULATION<sup>2</sup>, AND THE NUMBER OF SQUARE MILES IN EACH



<sup>1</sup> State Board of Health.

<sup>2</sup> U. S. Bureau of the Census, 16th Census of the United States, 1940.



TABLE I.—PHYSICIANS IN ACTIVE PRACTICE, BY AGE GROUPS, IN YEARS 1910, 1920, 1930, 1940, AND 1946 IN SOUTH DAKOTA—APRIL, 1946

Year	Population <sup>1</sup>	No. Cities and Villages Having Physicians	Physicians in Active Practice			Number Effective <sup>3</sup> Physicians	Average Number Persons to Physician <sup>4</sup>
			Total <sup>2</sup>	Under 45 Years of Age	45 to 64 Years of Age	65 Years of Age and Over	
1910	583,888	269	661	498	136	17	913
1920	636,547	236	638	317	283	38	1,039
1930	692,849	206	549	166	325	58	1,358
1940	642,961	162	403	143	178	82	1,846
1946	642,961	115	331	97	135	99	2,426

<sup>1</sup> U. S. Bureau of the Census, census reports of 1910, 1920, 1930, and 1940. The census report of 1940 was used as a basis for the 1946 reports, since the U. S. Public Health Service is using that base in computing hospital needs in various areas. Using the 1940 population as a base means that the number of persons to each effective physician is probably too high, since the 1946 population in most counties is no doubt, lower than the 1940 count. This situation will hold true in other computations in this report.

<sup>2</sup> Physicians who are retired, or giving full-time to work in service veterans' hospitals, administration, teaching or public health service, are excluded.

<sup>3</sup> All physicians in active practice and under 65 years of age are counted as "effective" even though not practicing full-time. Physicians 65 years of age and over are counted as one-third effective.

<sup>4</sup> It is considered that the optimum number of persons that could be cared for by a physician in 1910 would be less than at present due to better facilities and improved means of transportation which allows more time to physicians to care for patients. For the war period, the American Medical Association and other medical and health agencies agreed that the average number of persons for whom a physician could provide adequate minimum care was 1,500. This number would vary in communities in proportion to the density of population and the availability of clinical and hospital facilities.

TABLE II.—PHYSICIANS IN ACTIVE PRACTICE IN YEARS 1910, 1920, 1930, AND 1940 IN CITIES WHICH IN 1940 HAD A POPULATION OF 2,500 OR MORE IN SOUTH DAKOTA

City	1910			1920			1930			1940		
	Under 65 Years of Age	65 Years of Age & Over	No. 2 Effective Physicians	Under 65 Years of Age	65 Years of Age & Over	No. 2 Effective Physicians	Under 65 Years of Age	65 Years of Age & Over	No. 2 Effective Physicians	Under 65 Years of Age	65 Years of Age & Over	No. 2 Effective Physicians
Aberdeen .....	25	.....	25.	31	1	31.3	29	2	29.7	22	1	22.3
Brookings .....	5	.....	5.	6	2	6.7	6	1	6.3	2	2	2.7
Canton .....	7	.....	7.	6	.....	6.	5	.....	5.	2	1	2.3
Deadwood .....	7	1	7.3	7	.....	7.	3	1	3.3	6	.....	6.
Hot Springs ..	13	.....	13.	8	1	8.3	8	1	8.3	4	1	4.
Huron .....	9	2	9.7	17	2	17.7	18	1	18.3	7	5	8.7
Lead .....	14	.....	14.	9	1	9.3	8	.....	8.	7	.....	7.
Madison .....	8	.....	8.	11	1	11.3	6	.....	6.	6	.....	6.
Milbank .....	3	.....	3.	6	.....	6.	6	.....	6.	4	2	4.7
Mitchell .....	10	1	10.3	15	1	15.3	15	.....	15.	14	2	14.7
Mobridge .....	5	.....	5.	6	.....	6.	7	.....	7.	4	.....	4.
Pierre .....	5	.....	5.	4	1	4.3	7	.....	7.	3	2	3.7
Rapid City ...	9	.....	9.	8	3	9.	13	1	13.3	14	4	15.3
Sioux Falls ..	38	.....	38.	54	6	56.	53	10	56.3	33	9	36.
Sisseton .....	4	.....	4.	3	1	3.3	3	.....	3.	2	.....	2.
Vermillion ...	6	1	6.3	7	1	7.3	4	2	4.7	4	.....	4.
Watertown ...	15	.....	15.	21	1	21.3	14	2	14.7	12	3	13.
Yankton .....	11	1	11.3	12	.....	12.	12	.....	12.	7	5	8.7

1 Retired physicians, those in veterans' hospitals, public health, teaching, or administrative service are not included.  
 2 All physicians under 65 years of age in active practice are classified as "effective," those 65 years of age and over being counted as one-third effective.

TABLE III—AVERAGE NUMBER OF PERSONS PER EFFECTIVE PHYSICIAN IN YEARS 1910, 1920, 1930, 1940 IN CITIES WHICH IN 1940 HAD A POPULATION OF 2,500 OR MORE IN SOUTH DAKOTA

City	1910		1920		1930		1940	
	Population of City Only	Persons in City to Each Effective Physician	Population of City Only	Persons in City to Each Effective Physician	Population of City Only	Persons in City to Each Effective Physician	Population of City Only	Persons in City to Each Effective Physician
Aberdeen .....	10,753	430	14,537	464	16,465	554	17,015	762
Brookings .....	2,971	594	3,924	586	4,376	694	5,346	1,980
Canton .....	2,103	300	2,225	371	2,270	454	2,518	1,094
Deadwood .....	3,635	500	2,403	343	2,559	773	4,100	683
Hot Springs .....	1,865	144	2,141	204	3,486	350	4,083	949
Huron .....	5,791	597	8,302	469	10,946	598	10,843	1,246
Lead .....	8,392	599	5,013	539	5,733	717	7,520	1,074
Madison .....	3,137	392	4,144	365	4,289	715	5,018	836
Milbank .....	2,015	672	2,215	368	2,389	396	2,745	584
Mitchell .....	6,515	632	8,478	554	10,942	729	10,633	723
Mobridge .....	1,200	240	3,517	586	3,464	495	3,008	752
Pierre .....	3,656	731	3,209	746	3,659	523	4,322	1,168
Rapid City .....	3,854	428	5,777	642	10,404	782	13,844	905
Sioux Falls .....	14,094	371	25,202	450	33,362	592	40,832	1,134
Sisseton .....	1,397	349	1,431	444	1,569	523	2,513	1,256
Vermillion .....	2,187	347	2,590	355	2,850	606	3,324	831
Watertown .....	7,010	467	9,400	441	10,214	695	10,617	817
Yankton .....	3,787	344	5,024	419	6,072	506	6,798	781

<sup>1</sup> Physicians who are retired, or giving full-time to work in veterans' hospitals, administration, teaching, or public health service are excluded.

<sup>2</sup> All physicians in active practice and under 65 years of age are counted as "effective" even though not practicing full-time. Physicians 65 year of age and over are counted as one-third effective.



TABLE IV—PHYSICIANS IN ACTIVE PRACTICE AND AVERAGE NUMBER OF PERSONS TO EACH EFFECTIVE PHYSICIAN, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946

County	Total Number Physicians	Age Classification			Number Effective <sup>2</sup> Physicians	Popula- tion <sup>3</sup>	Average No. Persons to Each Effective Physician
		Under 45 Years	45 to 65 Years	65 Years and Over			
Total .....	331	97	135	99	265.0	642,961	2,426
Aurora .....	3	.....	2	.....	2.3	5,387	2,340
Beadle .....	12	.....	4	.....	9.3	19,648	2,113
Bennett .....	1	.....	1	.....	1.0	3,933	3,933
Bon Homme .....	6	.....	.....	5	2.7	10,211	3,793
Brookings .....	7	.....	3	.....	7.0	16,560	2,366
Brown .....	28	.....	14	.....	24.0	29,666	1,236
Brule .....	34	.....	2	.....	2.3	6,135	2,673
Buffalo .....	1	.....	.....	.....	1.0	1,853	1,853
Butte .....	5	.....	2	.....	3.7	8,004	2,163
Campbell .....	15	.....	.....	.....	1.0	8,033	8,033
Charles Mix .....	65	.....	.....	.....	5.3	13,449	2,537
Clark .....	3	.....	2	.....	1.7	8,955	5,268
Clay .....	2	.....	4	.....	4.3	9,592	2,331
Codington .....	16	.....	4	.....	13.3	17,014	1,379
Corson .....	0	.....	.....	.....	0.	6,751	X
Custer .....	36	.....	.....	.....	3.0	6,023	2,008
Davison .....	12	.....	7	.....	9.3	15,336	1,649
Day .....	6	.....	.....	3	4.0	13,565	3,391
Deuel .....	2	.....	1	.....	2.0	8,450	4,225
Dewey .....	34	.....	.....	1	2.3	5,709	2,482
Douglas .....	0	.....	.....	.....	0.	6,348	X
Edmunds .....	2	.....	2	.....	2.	7,814	3,907
Fall River .....	5	.....	1	.....	3.7	8,039	2,186
Faulk .....	1	.....	.....	.....	1.0	5,138	5,138
Grant .....	16	.....	3	.....	4.0	10,552	2,638
Gregory .....	3	.....	2	.....	2.3	9,554	4,154
Haakon .....	0	.....	.....	.....	0.	3,552	X
Hand .....	4	.....	1	.....	2.7	7,562	2,801
Hanson .....	1	.....	2	.....	2.0	7,166	3,503
Harding .....	0	.....	.....	.....	0.	5,400	X
Hutchinson .....	6	.....	2	.....	4.7	6,624	1,409
Hyde .....	5	.....	.....	.....	3.7	12,668	3,429
Jackson .....	1	.....	.....	.....	1.0	3,113	X
Jerald .....	3	.....	.....	.....	1.0	1,995	1,995
Jones .....	2	.....	.....	.....	1.3	4,752	4,752
Kingsbury .....	2	.....	.....	.....	1.0	2,509	1,930
Lake .....	6	.....	.....	.....	6.0	10,831	X
Lawrence .....	12	.....	4	.....	10.0	12,412	2,069
Lincoln .....	4	.....	3	.....	3.3	19,093	1,909
		.....	.....	.....	.....	18,171	3,991

TABLE IV—PHYSICIANS IN ACTIVE PRACTICE AND AVERAGE NUMBER OF PERSONS TO EACH EFFECTIVE PHYSICIAN, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946—Continued

County	Total Number Physicians	Age Classification			Number Effective <sup>2</sup> Physicians	Popula- tions	Average No. Persons to Each Effective Physician
		Under 45 Years	45 to 65 Years	65 Years and Over			
Lyman .....	1	.....	.....	1	.....	5,045	x <sup>7</sup>
McCook .....	4	.....	2	2	2.7	9,793	3,627
McPherson .....	1	.....	1	.....	1.0	8,353	8,353
Marshall .....	3	.....	1	.....	3.0	8,880	2,960
Meade .....	2	.....	1	.....	1.3	9,735	7,488
Mellette .....	0	.....	.....	.....	0.1	4,107	x
Miner .....	4	.....	1	.....	2.7	6,836	2,532
Minnehaha .....	49	13	24	12	41.0	57,697	1,407
Moody .....	3	1	1	1	2.3	9,341	4,061
Pennington .....	23	5	12	4	18.3	28,709	1,200
Perkins .....	6	1	1	1	2.3	6,585	2,863
Potter .....	2	.....	.....	.....	2.0	4,614	2,307
Roberts .....	65	2	1	3	4.0	13,887	3,972
Sanborn .....	0	.....	.....	.....	0.	5,754	x
Shannon .....	34	2	1	.....	3.0	5,366	1,789
Spink .....	109	.....	5	5	6.7	12,527	1,789
Stanley .....	0	.....	.....	.....	0.	2,001 <sup>10</sup>	x
Sully .....	1	.....	.....	.....	0.	2,668	2,668
Todd .....	15	.....	1	.....	1.0	5,714	5,714
Tripp .....	4	.....	1	.....	3.3	9,937	3,011
Turner .....	6	2	1	1	4.0	13,270	3,317
Union .....	3	2	1	.....	2.3	11,675	5,076
Walworth .....	4	2	1	1	3.3	7,274	2,204
Washabaugh .....	0	.....	.....	.....	0.	1,980	x
Washington .....	0	.....	.....	.....	0.	1,789	x
Yankton .....	10	4	.....	2	8.7	16,725	1,922
Ziebach .....	1	.....	1	.....	1.0	2,875	2,875

<sup>1</sup> Physicians in veterans hospitals, teaching, administration, or public health service and those who are retired are not included.

<sup>2</sup> All physicians in active practice and under 65 years of age are counted as "effective" even though not practicing full-time. Physicians 65 years of age and over are counted as one-third effective.

<sup>3</sup> U. S. Bureau of the Census, 16th Census of the United States, 1940.

<sup>4</sup> All physicians in county are with the U. S. Bureau of Indian Affairs. Under the provisions of an old treaty, emergency care can be provided the white population of the areas by the physicians at Indian agencies.

<sup>5</sup> One physician can be provided the white population of the areas by the physicians at Indian agencies.

<sup>6</sup> One physician with the U. S. Bureau of Indian Affairs.

<sup>7</sup> Two physicians devote full time to the State Sanatorium for Tuberculosis.

<sup>8</sup> One physician 65 years of age or over to serve the county.

<sup>9</sup> Three physicians with the U. S. Bureau of Indian Affairs.

<sup>10</sup> Includes 42 persons residing in Armstrong county, an unorganized county.

**TABLE V—CLASSIFICATION OF COUNTIES AS TO NUMBER OF PERSONS TO EACH EFFECTIVE PHYSICIAN, SOUTH DAKOTA—APRIL, 1946.**

Classification: Persons Per Effective Physician	No. of Counties in Each Classification	Total Persons in Counties in Each Classification	Per Cent of Total Population
Total .....	69	642,961	100%
Less than 1,500 .....	5	134,810	20.9
1,500 - 1,999 .....	8	75,364	11.7
2,000 - 2,999 .....	20	168,914	26.3
3,000 - 3,999 .....	11	117,495	18.3
4,000 - 4,999 .....	4	32,097	5.0
5,000 and more .....	11	79,022	12.3
Counties having no physicians .....	10	32,259	5.5

**TABLE VI—NUMBER OF ADDITIONAL PHYSICIANS NEEDED, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946**

County	Number <sup>1</sup> Physicians in Active Practice	Number Effective <sup>2</sup> Physicians	No. Persons to Each Effective Physician	Population <sup>3</sup>	Additional Physicians Needed <sup>4</sup>
Total .....	331	265	2,426	642,961	(162) <sup>5</sup>
Aurora .....	3	2.3	2,340	5,387	1
Beadle .....	12	9.3	2,113	19,648	4
Bennett .....	1	1.0	3,983	3,983	1
Bon Homme .....	6	2.7	3,793	10,241	4
Brookings .....	7	7.0	2,366	16,560	4
Brown .....	28	24.0	1,236	29,676	0
Brule .....	3	2.3	2,693	6,195	2
Buffalo .....	1	1.0	1,853	1,853	0
Butte .....	5	3.7	2,163	8,004	2
Campbell .....	1	1.0	5,033	5,033	2
Charles Mix .....	6	5.3	2,537	13,449	3
Clark .....	3	1.7	5,268	8,955	4
Clay .....	5	4.3	2,331	9,592	2
Codington .....	16	13.3	1,279	17,014	0
Corson .....	0	0.	x	6,755	4
Custer .....	3	3.0	2,008	6,023	1
Davison .....	12	9.3	1,649	15,336	1
Day .....	6	4.0	3,391	13,565	5
Deuel .....	2	2.0	4,225	8,450	3
Dewey .....	3	2.3	4,391	5,709	1
Douglas .....	0	0.	x	6,348	4
Edmunds .....	2	2.	3,907	7,814	3
Fall River .....	5	3.7	2,186	8,089	2
Faulk .....	1	1.0	5,168	5,168	3
Grant .....	6	4.0	2,638	10,552	4



TABLE VI—NUMBER OF ADDITIONAL PHYSICIANS NEEDED, BY COUNTIES, SOUTH DAKOTA—APRIL 1946—Continued

County	Number <sup>1</sup> Physicians in Active Practice	Number Effective <sup>2</sup> Physicians	No. Persons to Each Effective Physician	Population <sup>3</sup>	Additional Physicians Needed <sup>4</sup>
Gregory .....	3	2.3	4,154	9,554	2
Haakon .....	0	0.	x	3,515	2
Hamlin .....	4	2.7	2,801	7,562	2
Hand .....	2	2.0	3,583	7,166	3
Hanson .....	1	.3	x <sup>5</sup>	5,400	3
Harding .....	0	0.	x	3,010	2
Hughes .....	6	4.7	1,409	6,624	0
Hutchinson .....	5	4.3	2,946	12,668	4
Hyde .....	1	.3	x <sup>5</sup>	3,113	2
Jackson .....	1	1.0	1,955	1,955	0
Jerauld .....	3	1.0	4,752	4,752	2
Jones .....	2	1.3	1,930	2,509	0
Kingsbury .....	2	.7	x	10,831	6
Lake .....	6	6.0	2,069	12,412	3
Lawrence .....	12	10.0	1,909	19,093	3
Lincoln .....	4	3.3	3,991	13,171	5
Lyman .....	1	.3	x	5,045	3
McCormick .....	4	2.7	3,627	9,793	4
McPherson .....	1	1.0	8,353	8,353	4
Marshall .....	3	3.0	2,960	8,880	3
Meade .....	2	1.3	7,488	9,735	4
Mellette .....	0	0.	x	4,107	2
Miner .....	4	2.7	2,532	6,836	3
Minnehaha .....	49	41.0	1,407	57,697	0
Moody .....	3	2.3	4,061	9,341	4
Pennington .....	21	18.3	1,300	23,799	0
Perkins .....	3	2.3	2,863	6,585	2
Potter .....	2	2.0	2,307	4,614	1
Roberts .....	6	4.0	4,965	15,887	6
Sanborn .....	0	0.	x	5,754	4
Shannon .....	3	3.0	x	5,366	0
Spink .....	10	6.7	1,870	12,527	2
Stanley .....	0	0.	x	2,001	1
Stuly .....	1	1.0	2,668	2,668	1
Todd .....	1	1.0	5,714	5,714	3
Tripp .....	4	3.3	3,011	9,937	3
Turner .....	6	4.0	3,317	13,270	4
Union .....	3	2.3	5,076	11,675	5
Walworth .....	4	3.3	2,204	7,274	1
Washabaugh .....	0	0.	x	1,980	1
Washington .....	0	0.	x	1,789	1
Yankton .....	10	8.7	1,922	16,725	2
Ziebach .....	1	1.0	2,875	2,875	1

1 Physicians in veterans hospitals, teaching, administration, or public health service and those who are retired are not included.

2 Physicians in active practice and under 65 years of age are counted as "effective" even though not practicing full time.

3 U. S. Bureau of the Census, 16th Census of the United States, 1946.

4 Number of additional physicians needed to provide a ratio of approximately one physician to each 1,500 persons in each county.

5 The actual total of numbers listed for counties is 169. In some counties, the number of physicians exceeds the minimum standard.

6 Counties in which the number of effective physicians is less than one.

TABLE VII—AVERAGE NUMBER OF SQUARE MILES PER PHYSICIAN, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946

County	Number of Physicians	Square Miles	Average No. of Square Miles Per Physician
Total .....	331	76,536	131
Aurora .....	3	711	237
Beadle .....	12	1,261	105
Bennett .....	1	1,187	1,187
Bon Homme .....	6	580	96
Brookings .....	7	801	114
Brown .....	23	1,667	59
Brule .....	3	829	276
Buffalo .....	1	494	494
Butte .....	5	2,251	450
Campbell .....	1	763	763
Charles Mix .....	6	1,131	188
Clark .....	3	976	325
Clay .....	5	403	81
Codington .....	16	691	43
Corson .....	0	2,525	...
Custer .....	3	1,552	517
Davison .....	12	432	36
Day .....	6	1,060	177
Deuel .....	2	636	318
Dewey .....	3	1,893	631
Douglas .....	0	435	...
Edmunds .....	2	1,153	576
Fall River .....	5	1,748	349
Faulk .....	1	997	997
Grant .....	6	684	114
Gregory .....	3	1,023	341
Haakon .....	0	1,815	...
Hamlin .....	4	520	130
Hand .....	2	1,436	718
Hanson .....	1	431	431
Harding .....	0	2,683	...
Hughes .....	6	762	127
Hutchinson .....	5	814	163
Hyde .....	1	869	869
Jackson .....	1	809	809
Jerauld .....	3	528	176
Jones .....	2	973	486
Kingsbury .....	2	819	409
Lake .....	6	571	95
Lawrence .....	12	800	67
Lincoln .....	4	576	144
Lyman .....	1	1,685	1,685
McCook .....	4	577	144
McPherson .....	1	1,151	1,151
Marshall .....	3	875	292
Meade .....	2	3,466	1,733
Mellette .....	0	1,306	...
Miner .....	4	571	143
Minnehaha .....	49	815	16
Moody .....	3	523	174
Pennington .....	21	2,776	127
Perkins .....	3	2,866	955
Potter .....	2	887	444
Roberts .....	6	1,111	185
Sanborn .....	0	571	...
Shannon .....	3	960	320
Spink .....	10	1,506	151
Stanley .....	0	1,495	...
Sully .....	1	1,061	1,061
Todd .....	1	1,388	1,388
Tripp .....	4	1,620	405
Turner .....	6	611	102
Union .....	3	454	151
Walworth .....	4	737	184
Washabaugh .....	0	1,061	...
Washington .....	0	1,140	...

**TABLE VII—AVERAGE NUMBER OF SQUARE MILES PER PHYSICIAN, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946—Continued**

County	Number of Physicians	Square Miles	Average No. of Square Miles Per Physician
Yankton .....	10	524	52
Ziebach .....	1	1,982	1,982

**TABLE VIII—NUMBER OF OSTEOPATHS, BY COUNTIES, SOUTH DAKOTA APRIL, 1946**

County	Number of Osteopaths	County	Number of Osteopaths
Total .....	62		
Aurora .....	0	Jackson .....	0
Beadle .....	4	Jerauld .....	0
Bennett .....	0	Jones .....	0
Bon Homme .....	2	Kingsbury .....	2
Brookings .....	2	Lake .....	1
Brown .....	3	Lawrence .....	2
Brule .....	1	Lincoln .....	3 <sup>2</sup>
Buffalo .....	0	Lyman .....	0
Butte .....	1	McCook .....	0
Campbell .....	0	McPherson .....	0
Charles Mix .....	1	Marshall .....	0
Clark .....	0	Meade .....	2
Clay .....	1	Mellette .....	0
Codington .....	2	Miner .....	0
Corson .....	0	Minnehaha .....	9
Custer .....	0	Moody .....	1
Davison .....	3	Pennington .....	3
Day .....	1	Perkins .....	1
Deuel .....	0	Potter .....	1
Dewey .....	1	Roberts .....	2
Douglas .....	0	Sanborn .....	1
Edmunds .....	1	Shannon .....	0
Fall River .....	0	Spink .....	0
Faulk .....	1	Stanley .....	0
Grant .....	1	Sully .....	1
Gregory .....	0	Todd .....	0
Haakon .....	1	Tripp .....	0
Hamlin .....	0	Turner .....	1
Hand .....	1	Union .....	2
Hanson .....	0	Walworth .....	0
Harding .....	0	Washabaugh .....	0
Hughes .....	0	Washington .....	0
Hutchinson .....	1	Yankton .....	0
Hyde .....	0	Ziebach .....	0

1 South Dakota State Health Committee, **County Health Surveys, January, 1946.**

State Board of Health

2 Osteopaths located in Beresford are included in count for Union county.



**TABLE IX—NUMBER OF CHIROPRACTORS, BY COUNTIES, SOUTH DAKOTA, APRIL, 1946**

County	Number of Chiropractors	County	Number of Chiropractors
Total .....	86		
Aurora .....	0	Jackson .....	0
Beadle .....	4	Jerauld .....	1
Bennett .....	0	Jones .....	0
Bon Homme .....	1	Kingsbury .....	0
Brookings .....	1	Lake .....	1
Brown .....	6	Lawrence .....	1
Brule .....	2	Lincoln .....	12
Buffalo .....	0	Lyman .....	0
Butte .....	2	McCook .....	3
Campbell .....	0	McPherson .....	1
Charles Mix .....	1	Marshall .....	1
Clark .....	1	Meade .....	0
Clay .....	2	Mellette .....	0
Codington .....	2	Miner .....	1
Corson .....	1	Minnehaha .....	3
Custer .....	1	Moody .....	1
Davison .....	2	Pennington .....	5
Day .....	3	Perkins .....	1
Deuel .....	0	Potter .....	0
Dewey .....	0	Roberts .....	1
Douglas .....	0	Sanborn .....	0
Edmunds .....	1	Shannon .....	0
Fall River .....	2	Spink .....	0
Faulk .....	0	Stanley .....	0
Grant .....	1	Sully .....	0
Gregory .....	2	Todd .....	0
Haakon .....	2	Tripp .....	2
Hamlin .....	0	Turner .....	7
Hand .....	1	Union .....	3
Hanson .....	0	Walworth .....	1
Harding .....	0	Washabaugh .....	0
Hughes .....	1	Washington .....	0
Hutchinson .....	4	Yankton .....	2
Hyde .....	0	Ziebach .....	0

1 South Dakota State Health Committee, **County Health Surveys, January, 1946.**  
State Board of Health

2 Chiropractors located in Beresford are included in the count for Union county.

**TABLE X—NUMBER OF DENTISTS AND ADDITIONAL DENTISTS NEEDED, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946**

County	Number <sup>2</sup> of Dentists	Populations <sup>3</sup>	No. Persons to Each Dentist	Additional Dentists Needed <sup>4</sup>
Total .....	266	642,961	2,417	(55) <sup>5</sup>
Aurora .....	1	5,387	5,387	2
Beadle .....	9	19,648	2,183	1
Bennett .....	1	3,983	3,983	1
Bon Homme .....	4	10,241	2,560	1
Brookings .....	9	16,560	1,840	0
Brown .....	14	29,676	2,119	1
Brule .....	3	6,195	2,065	0
Buffalo .....	0	1,853	....	1
Butte .....	2	8,004	4,002	2
Campbell .....	0	5,033	....	3
Charles Mix .....	4	13,449	3,362	3
Clark .....	1	8,955	8,955	3
Clay .....	4	9,592	2,398	1
Codington .....	11	17,014	1,547	0
Corson .....	1	6,755	6,755	2
Custer .....	2	6,023	3,012	1
Davison .....	9	15,336	1,704	0
Day .....	5	13,565	2,713	2
Deuel .....	2	8,450	4,225	2
Dewey .....	1	5,709	5,709	2
Douglas .....	2	6,348	3,174	1
Edmunds .....	2	7,814	3,907	2
Fall River .....	5	8,089	1,618	0
Faulk .....	2	5,168	2,584	1
Grant .....	4	10,552	2,638	1
Gregory .....	2	9,554	4,777	3
Haakon .....	1	3,515	3,515	1
Hamlin .....	4	7,562	1,890	0
Hand .....	2	7,166	3,583	2
Hanson .....	1	5,400	5,400	1
Harding .....	0	3,010	....	2
Hughes .....	4	6,624	1,506	0
Hutchinson .....	8	12,668	1,583	0
Hyde .....	2	3,113	1,557	0
Jackson .....	0	1,955	....	1
Jerauld .....	2	4,752	2,376	0
Jones .....	0	2,509	....	1
Kingsbury .....	4	10,831	2,708	1
Lake .....	7	12,412	1,773	0
Lawrence .....	11	19,093	1,736	0
Lincoln .....	6	13,171	2,195	1
Lyman .....	0	5,045	....	2
McCook .....	3	9,793	3,267	2
McPherson .....	1	8,353	8,353	3
Marshall .....	3	8,880	2,960	1
Meadoe .....	2	9,735	4,867	3
Mellette .....	1	4,107	4,107	1
Miner .....	2	6,836	3,418	1
Minnehaha .....	45	57,697	1,282	0
Moody .....	1	9,341	2,335	1
Pennington .....	15	23,799	1,587	0
Perkins .....	2	6,585	3,292	1
Potter .....	2	4,614	2,307	0
Roberts .....	3	15,887	5,296	5
Sanborn .....	1	5,754	5,754	3
Shannon .....	0	5,366	....	2
Spink .....	4	12,527	3,132	2
Stanley .....	0	2,001	....	1
Sully .....	0	2,668	....	1
Todd .....	0	5,714	....	3
Tripp .....	3	9,937	3,312	2
Turner .....	6	13,270	2,212	1
Union .....	4	11,675	2,919	2
Walworth .....	4	7,274	1,455	0
Washabaugh .....	0	1,980	....	1
Washington .....	0	1,789	....	1

**TABLE X—NUMBER OF DENTISTS<sup>1</sup> AND ADDITIONAL DENTISTS NEEDED, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946—Continued**

County	Number <sup>2</sup> of Dentists	Population <sup>3</sup>	No. Persons to Each Dentist	Additional Dentists Needed <sup>4</sup>
Yankton .....	9	16,725	1,858	0
Ziebach .....	0	2,875	....	1

<sup>1</sup> South Dakota State Health Committee, **County Health Surveys, January, 1946.**  
State Board of Health

<sup>2</sup> Dentists who are retired are excluded in the count.

<sup>3</sup> U. S. Bureau of the Census, **16th Census of the United States, 1940.**

<sup>4</sup> Number of additional dentists needed to provide a ratio of approximately one dentist to each 2,000 persons in each county.

<sup>5</sup> The actual total of numbers listed for counties is 86. The number of dentists in some counties exceeds the minimum standards.

<sup>6</sup> Includes 42 persons residing in Armstrong county, an unorganized county.

**TABLE XI—CLASSIFICATION OF COUNTIES AS TO NUMBER OF PERSONS PER DENTIST, SOUTH DAKOTA—APRIL, 1946**

Classification: Persons Per	Number of Counties in Each	Total Persons in Counties in Each	Per Cent of Total State
Total .....	69	642,961	100%
Less than 2,000 .....	14	223,966	34.9
2,000 to 2,999 .....	16	181,171	28.2
3,000 to 3,999 .....	12	93,976	14.9
4,000 to 4,999 .....	5	39,850	6.2
5,000 to 5,999 .....	5	38,137	5.9
6,000 and over .....	3	24,063	3.7
Counties having no dentist	14	41,796	6.5



**TABLE XII—GENERAL-CARE HOSPITALS APPROVED BY THE AMERICAN COLLEGE OF SURGEONS BY COUNTIES, SOUTH DAKOTA—APRIL, 1946**

County	City or Village	No. of Hospitals Approved By American College of Surgeons	Number of B
Total .....	.....	15	1,432
Beadle .....	Huron .....	1	51
Brown .....	Aberdeen .....	1	135
Codington .....	Watertown .....	2	145
Davison .....	Mitchell .....	2	218
Day .....	Webster .....	1	42
Hughes .....	Pierre .....	1	137
Lake .....	Madison .....	1	50
Lawrence .....	Lead .....	1	25
Minnehaha .....	Sioux Falls .....	2	308
Pennington .....	Rapid City .....	2	151
Yankton .....	Yankton .....	1	170

1 Journal of American Medical Association, April 20, 1946. Other hospitals approved by the American College of Surgeons are the Veterans' Hospitals at Fort Meade and Hot Springs, the Sioux Sanatorium (Indian), Rapid City, and the State Sanatorium for Tuberculosis, Sanator.

**TABLE XIII—GENERAL-CARE HOSPITALS REGISTERED BY AMERICAN MEDICAL ASSOCIATION AND RATIO OF BEDS TO POPULATION, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946**

Counties	Population	General-Care Hospitals		
		No. Hospitals Registered By American Medical Assn.	Total Number of Beds	Number Beds Per 1,000 Population
Total .....	642,961	43	2,243	3.5
Aurora .....	5,387	.....	.....	0.
Beadle .....	19,648	1	58	2.9
Bennett .....	3,983	.....	.....	0.
Bon Homme .....	10,241	.....	.....	0.
Brookings .....	16,560	2	55	3.5
Brown .....	16,676	1	135	4.6
Brule .....	6,195	.....	.....	0.
Buffalo .....	1,853	13	20	10.5
Butte .....	8,004	1	26	3.2
Campbell .....	5,033	.....	.....	0.
Charles Mix .....	13,449	24	37	2.8
Clark .....	8,955	.....	.....	0.
Codington .....	17,014	2	145	8.5
Corson .....	6,775	.....	.....	0.
Custer .....	6,023	.....	.....	0.
Davison .....	15,336	2	218	14.5
Day .....	13,565	1	42	3.1

**TABLE XIII—GENERAL-CARE HOSPITALS<sup>1</sup> REGISTERED BY AMERICAN MEDICAL ASSOCIATION AND RATIO OF BEDS TO POPULATION, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946—Continued**

Counties	Population	General-Care Hospitals		
		No. Hospitals Registered By American Medical Assn.	Total Number of Beds	Number Beds Per 1,000 Population
Deuel .....	8,450	...	...	0.
Dewey .....	5,709	13	41	7.2
Douglas .....	6,348	...	...	0.
Edmunds .....	7,814	...	...	0.
Fall River .....	8,089	2	95	11.7
Faulk .....	5,168	1	...	0.
Grant .....	10,552	1	31	2.9
Gregory .....	9,554	2	33	3.4
Haakon .....	3,515	...	...	0.
Hamlin .....	7,562	...	...	0.
Hand .....	7,166	1	18	2.5
Hanson .....	5,400	...	...	0.
Harding .....	3,010	...	...	0.
Hughes .....	6,624	1	137	20.7
Hutchinson .....	12,668	1	15	1.2
Hyde .....	3,113	...	...	0.
Jackson .....	1,955	...	...	0.
Jerauld .....	4,752	...	...	0.
Jones .....	2,509	...	...	0.
Kingsbury .....	10,831	...	...	0.
Lake .....	12,412	1	50	4.0
Lawrence .....	19,093	25	81	4.2
Lincoln .....	13,171	...	...	0.
Lyman .....	5,045	...	...	0.
McCook .....	9,793	...	...	0.
McPherson .....	8,353	1	25	3.0
Marshall .....	8,880	...	...	4.0
Meade .....	9,735	...	...	0.
Mellette .....	4,107	...	...	0.
Miner .....	6,836	...	...	0.
Minnehaha .....	57,697	4	38	5.9
Moody .....	9,341	26	44	4.7
Pennington .....	23,799	2	151	6.9
Perkins .....	6,585	...	...	18.
Potter .....	4,614	1	18	3.9
Roberts .....	15,887	27	72	4.5
Sanborn .....	5,754	...	...	0.
Shannon .....	5,366	13	41	7.6
Spink .....	12,527	1	15	12.0
Stanley .....	2,001 <sup>6</sup>	...	...	0.
Sully .....	2,668	...	...	0.
Todd .....	5,714	13	40	7.0
Tripp .....	9,937	1	17	1.7
Turner .....	13,270	...	...	0.
Union .....	11,675	...	...	0.
Walworth .....	7,274	2	55	7.5
Washabaugh .....	1,980	...	...	0.
Washington .....	1,789	...	...	0.
Yankton .....	16,725	1	170	10.2
Ziebach .....	2,875	...	...	0.

<sup>1</sup> Veterans' hospitals are not included.

<sup>2</sup> Journal of American Medical Association, April 20, 1946.

<sup>3</sup> Serves Indian population only.

<sup>4</sup> One hospital of 25 beds serves Indian population only.

<sup>5</sup> One hospital of 25 beds serves employees of Homestake Mining Company only.

<sup>6</sup> One hospital of 26 beds serves Indian population only.

<sup>7</sup> One hospital of 32 beds serves Indian population only.

<sup>8</sup> Includes 42 persons residing in Armstrong county.

TABLE XIV—GENERAL-CARE HOSPITALS BY COUNTIES, SOUTH DAKOTA—APRIL, 1946

County	City or Village	Name of Hospital	No. of Beds	Approved By American College of Surgeons	Registered By American Medical Association
Total		(58)	2470	(15)	(44)
Beadle	Huron	Samaritan	51		
Beadle	Huron	Sprague	51	x	x
Ben Homme	Scotland	Scotland Clinic	12		
Brookings	Brookings	Brookings Municipal	37		x
Brookings	Volga	Volga	18		x
Brown	Aberdeen	St. Luke's	135	x	x
Brule	Chamberlain	Chamberlain Hospital and Sanatorium	29		
Buffalo	Fort Thompson	Crow Creek (Indian)	20		x
Ruthe	Belle Fourche	John Burns' Memorial	26		x
Charles Mix	Wagner	Yankton Indian Hospital (Indian)	25		x
Charles Mix	Wagner	Duggan	12		x
Clay	Vermillion	Dakota	35		
Codington	Watertown	Bartron	75	x	x
Codington	Watertown	Luther	70	x	x
Codington	Mitchell	Methodist	100	x	x
Davison	Mitchell	St. Joseph	118	x	x
Day	Webster	Peabody	42	x	x
Dewey	Cheyenne Agency	Cheyenne Agency (Indian)	41		x
Fall River	Hot Springs	Lutheran Sanatorium and Hospital	40		x
Fall River	Hot Springs	Our Lady of Lourdes	15		x
Faulk	Faulton	Faulk County Hospital	55		x
Grant	Milbank	St. Bernard Providence	31		x
Gregory	Burke	Burke	16		x
Gregory	Gregory	Mother of Grace	17		x
Haakon	Midland	Midland Community	7		
Hamlin	Estelline	Community Hospital and Clinic	14		
Hand	Miller	Miller Hospital and Clinic	18		
Hughes	Pierre	St. Mary's	137	x	x
Hutchinson	Parkston	St. Benedict	15		x
Jackson	Kadoka	Sundett Hospital	3		
Lake	Madison	Madison Community	50	x	x
Lawrence	Lead	Homestake	23	x	x
Lincoln	Deadwood	St. Joseph	56	x	x
McPherson	Hudson	Hudson Community	8		
Marshall	Eureka	Eureka Community	25		
Marshall	Britton	Britton	24		
Minnehaha	Vebien	Vebien Community	12		
Minnehaha	Dell Rapids	Dell Rapids	20		
Minnehaha	Garetson	De Vale	10		
Minnehaha	Sioux Falls	McKenna	138	x	x
Minnehaha	Sioux Falls	Sioux Valley	170	x	x



TABLE XIV—GENERAL-CARE HOSPITALS, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946—Continued

County	City or Village	Name of Hospital	No. of Beds	Approved <sup>2</sup> By American College of Surgeons	Registered <sup>2</sup> By American Medical Association
Moody	Flandreau	Flandreau Municipal	18		x
Moody	Flandreau	Flandreau Indian	26		x
Pennington	Rapid City	Black Hills General	51	x	x
Pennington	Rapid City	St. John's	10	x	x
Pennington	Wall	Wall Community	13		
Perkins	Lenmon	Lenmon	12		x
Potter	Hoven	Hoven Municipal	18		x
Roberts	Sisseton	Sisseton Indian Hospital	32		x
Roberts	Sisseton	Tekakwitha	40		x
Shannon	Pine Ridge	Pine Ridge (Indian)	41		x
Spink	Redfield	BVadwin Community	15		x
Todd	Rosebud	Rosebud Agency Indian Hospital	40		x
Tripp	Winnier	Winnier General	17		x
Turner	Viborg	Viborg	10		x
Walworth	Mobridge	Lowe	20		x
Walworth	Mobridge	Mobridge	35		x
Yankton	Yankton	Sacred Heart	170	x	x

<sup>1</sup> Veterans' hospitals are excluded.<sup>2</sup> Journal of American Medical Association, April 20, 1946. State institutions and veterans' hospitals are not included.

TABLE XV—GENERAL-CARE HOSPITALS AND RATIO OF BEDS TO POPULATION, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946

County	Population	General-Care Hospitals		
		Number Hospitals <sup>2</sup>	Total Number of Beds	Number Beds Per 1,000 Population
Total .....	642,961	58	2,470	3.8
Aurora .....	5,387	...	...	0.
Aurora .....	5,387	...	...	0.
Beadle .....	19,648	2	102	5.2
Bennette .....	3,983	...	...	0.
Bon Homme .....	10,241	1	12	1.2
Brookings .....	16,560	2	65	3.5
Brown .....	29,676	1	135	4.6
Brule .....	6,195	1	29	4.7
Buffalo .....	1,853	1 <sup>3</sup>	20	10.5
Butte .....	8,004	1	26	3.2
Campbell .....	5,033	...	...	0.
Charles Mix .....	13,339	24	37	2.8
Clark .....	8,955	...	...	0.
Clay .....	9,592	1	35	3.6
Codington .....	17,014	2	145	8.5
Corson .....	6,755	...	...	0.
Custer .....	6,023	...	...	0.
Davison .....	15,336	2	218	14.5
Day .....	13,565	1	42	3.1
Deuel .....	8,450	...	...	0.
Dewey .....	5,709	1 <sup>3</sup>	41	7.2
Douglas .....	6,348	...	...	0.
Edmunds .....	7,814	...	...	0.
Fall River .....	8,089	2	95	11.7
Faulk .....	5,168	1	19	3.6
Grant .....	10,552	1	31	2.9
Gregory .....	9,554	2	33	3.4
Haakon .....	3,515	1	7	2.0
Hamlin .....	7,562	1	14	1.9
Hand .....	7,166	1	18	2.5
Hanson .....	5,400	...	...	0.
Harding .....	3,010	...	...	0.
Hughes .....	6,624	1	137	20.7
Hutchinson .....	12,668	1	15	1.2
Hyde .....	3,113	...	...	0.
Jackson .....	1,955	1	8	2.4
Jerauld .....	4,752	...	...	0.
Jones .....	2,509	...	...	0.
Kingsbury .....	10,831	...	...	0.
Lake .....	12,412	1	50	4.0
Lawrence .....	19,093	2 <sup>5</sup>	81	4.0
Lincoln .....	13,171	1	8	.6
Lyman .....	5,045	...	...	0.
McCook .....	9,793	...	...	0.
McPherson .....	8,353	1	25	3.0
Marshall .....	8,880	2	36	4.0
Meade .....	9,735	...	...	0.
Mellette .....	4,107	...	...	0.
Miner .....	6,836	...	...	0.
Minnehaha .....	57,697	4	338	5.9
Moody .....	9,341	2 <sup>6</sup>	44	4.7
Pennington .....	23,799	3	164	6.9
Perkins .....	6,575	1	12	1.3
Potter .....	4,614	1	18	3.9
Roberts .....	15,887	27	72	4.5
Sanborn .....	5,754	...	...	0.
Shannon .....	5,366	1 <sup>3</sup>	41	7.6
Spink .....	12,527	1	15	12.0
Stanley .....	2,001 <sup>3</sup>	...	...	0.
Sully .....	2,668	...	...	0.
Todd .....	5,714	1 <sup>3</sup>	40	7.0
Tripp .....	9,937	1	17	1.7
Turner .....	13,270	1	10	.7
Union .....	11,675	...	...	0.

**TABLE XV—GENERAL-CARE HOSPITALS AND RATIO OF BEDS TO POPULATION, BY COUNTIES, SOUTH DAKOTA—APRIL, 1946—Continued**

County	Population	General-Care Hospitals		
		Number Hospitals <sup>2</sup>	Total Number of Beds	Number Beds Per 1,000 Population
Walworth .....	7,274	2	55	7.5
Washabaugh .....	1,980	...	...	0.
Washington .....	1,789	...	...	0.
Yankton .....	16,725	1	170	10.2
Ziebach .....	2,875	...	...	0.

<sup>1</sup> Veterans' hospitals are not included.

<sup>2</sup> *Journal of American Medical Association*, April 20, 1946, and State Board of Health.

<sup>3</sup> Serves Indian population only.

<sup>4</sup> One hospital with 25 beds serves Indian population only.

<sup>5</sup> One hospital of 25 beds serves employees of Homestake Mining Company only.

<sup>6</sup> One hospital with 32 beds serves Indian population only.

<sup>7</sup> One hospital with 26 beds serves Indian population only.

<sup>8</sup> Includes 42 persons residing in Armstrong county.



**TABLE XVI—MATERNITY HOMES APPROVED BY STATE BOARD OF HEALTH, NUMBER OF BEDS, SOUTH DAKOTA—JANUARY, 1946**

County	City or Village	Number of Maternity Homes	Total Number of Beds
Total .....	.....	45	122
Aurora .....	Plankinton .....	...	..
Bennett .....	Martin .....	12	4
Brown .....	Aberdeen .....	1	2
Butte .....	Belle Fourche .....	2	6
Butte .....	Vale .....	1	4
Charles Mix .....	Geddes .....	1	1
Clark .....	Clark .....	12	2
Custer .....	Custer .....	3	7
Day .....	Waubay .....	1	3
Hand .....	Miller .....	1	2
Hughes .....	Harrold .....	1	1
Hutchinson .....	Freeman .....	1	1
Hyde .....	Highmore .....	1	2
Jerauld .....	Alpena .....	2	4
Jerauld .....	Wessington Springs .....	1	3
Jones .....	Murdo .....	1	2
Kingsbury .....	Arlington .....	2	8
Lake .....	Chester .....	12	2
Lawrence .....	Deadwood .....	1	1
Lawrence .....	Spearfish .....	22	6
Lincoln .....	Canton .....	12	6
Lyman .....	Presho .....	12	4
Meade .....	Sturgis .....	3	7
Miner .....	Howard .....	1	2
Minnehaha .....	Sioux Falls .....	1	83
Moody .....	Flandreau .....	1	4
Potter .....	Gettysburg .....	22	5
Roberts .....	Wilmot .....	1	3
Sully .....	Onida .....	1	2
Turner .....	Parker .....	1	1
Turner .....	HSurley .....	1	4
Union .....	Beresford .....	32	5
Ziebach .....	Dupree .....	1	5

1 State Board of Health.

2 Institutions maintained primarily for maternity care but which occasionally provide emergency medical or surgical care.

3 Lutheran House of Mercy.

TABLE XVII.—CITIES AND VILLAGES HAVING ONE OR MORE PHYSICIANS BUT NO GENERAL-CARE HOSPITAL;  
NUMBER OF MILES TO NEAREST GENERAL-CARE HOSPITAL, SOUTH DAKOTA—JANUARY, 1946

County	City or Village	Population: of City or Village Only	Number Physicians in City or Village	Age Classification		No. of Miles to Nearest General-Care Hospital of Any Size	No. of Miles to Nearest General-Care Hospital of 25 Beds or More
				Under 45 Years	45 to 64 Years and Over		
Total .....	(56)		69	10	19	40	...
Aurora .....	Blankinton ..	694	2	..	1	1	30
Aurora .....	Stickney .....	361	1	..	..	1	33
Beadle .....	Wolsey .....	416	1	..	1	..	16
Bennett .....	Martin .....	1,013	1	..	1	..	160
Hon Homme .....	Tabor .....	1,391	1	..	..	1	18
Hon Homme .....	Tyndall .....	1,389	1	..	..	1	30
Brown .....	Groton .....	946	1	..	1	..	19
Brown .....	Hecda .....	555	1	..	..	1	43
Charles Mix .....	Geddes .....	581	1	..	1	..	23
Charles Mix .....	Geddes .....	581	1	..	1	..	84
Charles Mix .....	Platte .....	1,017	1	..	..	1	67
Charles Mix .....	Platte .....	1,381	1	1	..	1	32
Clark .....	Willow Lake ..	427	1	..	..	1	45
Clark .....	Wakonda .....	451	1	1	..	..	20
Clay .....	Henry .....	322	1	..	..	1	18
Codington .....	Henry .....	322	1	..	1	..	33
Custer .....	Custer .....	1,345	2	..	..	2	11
Day .....	Waubay .....	882	1	1	..	..	32
Deuel .....	Clear Lake ..	997	1	..	1	..	12
Deuel .....	Gary .....	566	1	..	2	..	28
Edmunds .....	Joswich .....	1,002	3	..	1	..	30
Fall River .....	Edgemont .....	1,002	1	..	..	..	43
Gregory .....	Rairax .....	338	1	..	..	1	80
Hamlin .....	Bryant .....	458	1	..	..	1	40
Hamlin .....	Castlewood ..	493	1	..	1	..	15
Hamlin .....	Lake Norden ..	463	1	..	..	1	25
Hanson .....	Emery .....	482	1	..	..	1	25
Hughes .....	Harold .....	229	1	..	1	..	35
Hutchinson .....	Freeman .....	976	1	1	..	1	35
Hutchinson .....	Menno .....	966	1	..	..	1	36
Hyde .....	Higmore .....	1,136	1	..	..	1	22
Jerauld .....	Alpena .....	440	2	..	..	2	26
Jerauld .....	Wessington ..	1,352	1	..	..	1	42
Jones .....	Murdo .....	680	2	1	..	1	58
Kingsbury .....	Lake Preston ..	886	1	..	..	1	34
Kingsbury .....	Arlington .....	1,517	1	..	..	1	20
Lawrence .....	Spearfish .....	2,139	3	1	1	1	13
Lincoln .....	Lennox .....	1,164	1	..	1	..	23
Lyman .....	Presho .....	1,568	1	..	..	1	50
McCook .....	Bridgewater ..	790	1	..	1	..	38
McCook .....	Salem .....	1,185	2	..	..	2	35

TABLE XVII.—CITIES AND VILLAGES HAVING ONE OF MORE PHYSICIANS BUT NO GENERAL-CARE HOSPITAL;  
NUMBER OF MILES TO NEAREST GENERAL-CARE HOSPITAL, SOUTH DAKOTA—JANUARY, 1946—Continued

County	City or Village	Population <sup>2</sup> of City or Village Only	Number Physicians in City or Village	Age Classification		No. of Miles to Nearest General-Care Hospital of Any Size	No. of Miles to Nearest General-Care Hospital of 25 Beds or More
				Under 45 Years	45 to 64 Years of Age		
McCook	Spencer	617	1	..	1	24	24
Meade	Sturgis	3,008	1	..	..	13	13
Miner	Carthage	3,512	2	..	1	40	40
Miner	Howard	1,193	2	1	1	22	22
Minnehaha	Hartford	1,647	1	1	..	13	13
Pennington	Wasta	153	1	..	..	15	48
Potter	Gettysburg	1,324	1	1	..	22	22
Roberts	New Effington	343	1	..	..	19	19
Roberts	Willmot	628	1	..	..	25	25
Spink	Donland	542	1	..	..	22	51
Trip	Carter	42	1	..	..	18	86
Turner	Chancellor	232	1	..	..	20	20
Turner	Hurley	586	1	..	1	32	32
Union	Beresford	1,642	1	1	..	31	31
Union	Elk Point	1,483	1	..	..	20	20
Walworth	Selby	1,599	1	..	1	22	22
Ziebach	Dupree	460	1	..	1	90	90

1 Facilities classified as "maternity homes" are excluded.

2 U. S. Bureau of Census—16th Census of the United States, 1940. This figure does not represent the total number of persons served by the physicians in the area.



TABLE XVIII.—INCORPORATED CITIES AND VILLAGES OF 500 OR MORE POPULATION IN WHICH NO PHYSICIAN IS LOCATED AND WHICH ARE 20 MILES OR MORE TO THE NEAREST PHYSICIAN; NUMBER OF MILES TO THE NEAREST PHYSICIAN AND TO THE NEAREST GENERAL-CARE HOSPITAL, SOUTH DAKOTA—JANUARY, 1946

County	City or Village	Population <sup>1</sup> of City or Village Only	No. of Miles to Nearest Physician	No. of Miles to General-Care Hospital of Any Size <sup>2</sup>	No. of Miles to General-Care Hospital of 25 Beds or More
Brookings .....	Elkton .....	779	21	21	21
Campbell .....	Herreid .....	591	27	27	27
Campbell .....	Pollock .....	527	40	40	50
Corson .....	McIntosh .....	628	43	69	69
Corson .....	McLaughlin .....	660	38	38	38
Dewey .....	Timber Lake .....	512	36	36	36
Edmunds .....	Bowdle .....	757	25	45	45
Edmunds .....	Hosmer .....	579	20	20	55
Haakon .....	Philip .....	833	27	90	90
McPherson .....	Leola .....	795	25	25	41
Meade .....	Faith .....	522	25	75	112
Mellette .....	White River .....	562	24	56	82
Sanborn .....	Artesian .....	502	25	26	25

<sup>1</sup> U. S. Bureau of the Census, 16th Census of the United States, 1940. This figure does not represent the total number of persons a physician in the location would serve.

<sup>2</sup> Facilities classified as "maternity homes" are excluded.

TABLE XIX.—INCORPORATED CITIES AND VILLAGES OF 1,000 OR MORE POPULATION IN WHICH NO PHYSICIAN IS LOCATED AND WHICH ARE LESS THAN 20 MILES TO THE NEAREST PHYSICIAN<sup>1</sup>, SOUTH DAKOTA—JANUARY, 1946

County	City or Village	Population of City or Village Only	No. of Miles to Nearest Physician	No. of Miles to General-Care Hospital of Any Size	No. of Miles to General Care Hospital of 25 Beds or More
Douglas	Armour	1,013	18	18	54
Kingsbury	De Smet	1,016	8	33	33
Turner	Parker	1,244	10	16	29

<sup>1</sup> South Dakota State Health Committee, County Health Surveys.

TABLE XX—HOSPITALS WHICH HAVE BEEN CLOSED IN RECENT YEARS AND REASON FOR CLOSING<sup>1</sup>, IN SOUTH DAKOTA—JANUARY, 1946

County	City or Village	Year	Reason For Closing
Charles Mix .....	Lake Andes ....	1936	"Physician moved away."
Charles Mix .....	Platte .....	1941	"Physician went in service and doctor who replaced him remained only a short time."
Clark .....	Bradley .....	1944	"Poor health of physician and difficulty in obtaining help."
Day .....	Bristol .....	1945	"Doctor moved away and has retired."
Dewey .....	Timber Lake ..	Not stated	"Lack of funds."
Edmunds .....	Bowdle .....	1944	"No physician."
Fall River .....	Edgemont .....	1945	"Closed because of financial difficulties."
Haakon .....	Philip .....	1945	"Physician leaving to go to medical school."
Harding .....	Buffalo .....	1943	"Closed because of inability to get help."
Harding .....	Camp Crook ....	1936	"Physician left."
Hutchinson .....	Tripp .....	1936	"Reason not stated."
Lincoln .....	Lennox .....	1943	"Reason not stated."
Miner .....	Canova .....	1944	"Only physician died. Have been unable to replace him."
Walworth .....	Selby .....	1936	"Reason not stated."

<sup>1</sup> State Health Committee, **County Health Surveys**, January, 1946.

TABLE XXI—CITIES AND VILLAGES IN WHICH NEW HOSPITALS, REPLACEMENT OF EXISTING HOSPITAL BUILDINGS, OR ADDITIONS TO HOSPITALS ARE BEING DISCUSSED, SOUTH DAKOTA—APRIL, 1946

County	City or Village	Plans Under Discussion
	(43)	
Beadle	Huron	"One new hospital under construction. Discussion regarding a second new hospital."
Bennett	Martin	"New hospital being considered."
Bon Homme	Tyndall	"Consider a 12 bed hospital is needed."
Brule	Chamberlain	"New hospital being discussed."
Butte	Belle Fourche	"Enlargement of present hospital."
Campbell	Herreid	"Planning new hospital."
Charles Mix	Wagner	"Planning new hospital."
Clark	Clark	"New hospital being promoted."
Corson	McIntosh	"Funds being raised for new hospital."
Custer	Custer	"Some discussion regarding need of a hospital."
Deuel	Clear Lake	"Definite plans for new hospital."
Douglas	Armour	"Plans for new hospital being discussed."
Douglas	Corsica	"Establishment of community hospital being seriously considered."
Edmunds	Ipswich	"Funds being raised for hospital."
Gregory	Gregory	"Present hospital building to be replaced."
Gregory	Burke	"New hospital being planned."
Haakon	Philip	"Addition to present closed hospital."
Hamlin	Castlewood	"Some discussion of new hospital."
Hamlin	Estelline	"Addition to present hospital being planned."
Hand	Miller	"\$80,000 bond issue voted for new county hospital."
Harding	Buffalo	"Funds raised several years ago for new hospital but no further action taken."
Hughes	Pierre	"Enlargement of present hospital being planned."
Hutchinson	Freeman	"Funds being collected for a new hospital."
Hutchinson	Parkston	"Present hospital to be enlarged."
Hutchinson	Tripp	"Plans are being talked about for a hospital."
Jerauld	Wessington Springs	"A new hospital is being planned."
Kingsbury	Arlington	"Plans being made for a new hospital."
Kingsbury	De Smet	"Plans for a hospital being discussed."
Kingsbury	Lake Preston	"Plans for a hospital being discussed."
Kingsbury	Lake	"Hospital to be enlarged."
Lake	Madison	"New hospital being discussed."
Lawrence	Deadwood	"New hospital being discussed."
Lawrence	Spearfish	"Plans to enlarge community hospital."
Lincoln	Canton	"Plans for a hospital being discussed."
McPherson	Leola	"Plans being made for new hospital."
Perkins	Lemmon	"Addition to present hospital being planned."
Potter	Hoven	"Municipal hospital being discussed."
Potter	Gellysburg	"Some discussion of a hospital."
Roberts	Rosholt	"Plans are under way to erect a new hospital."
Spink	Redfield	"Have been investigating the proposal for a county hospital."
Tripp	Winnier	



TABLE XXI—CITIES AND VILLAGES IN WHICH NEW HOSPITALS, REPLACEMENT OF EXISTING HOSPITAL BUILDINGS, OR ADDITIONS TO HOSPITALS ARE BEING DISCUSSED, SOUTH DAKOTA—APRIL, 1946—Continued

County	City or Village	Plans Under Discussion
Union .....	Alcester .....	"Funds being raised for new hospital."
Walworth .....	Selby .....	"Are considering a new hospital."
Yankton .....	Yankton .....	"Plans to enlarge present hospital."

1 State Health Committee, **County Health Surveys**, January, 1946, State Board of Health.

TABLE XXII—AMBULANCE FACILITIES<sup>1</sup>, BY COUNTIES, SOUTH DAKOTA—JANUARY, 1946

County	Number	Approximate Charge as Reported in Survey	
		City	Rural
Aurora .....	3	\$3.00 a trip .....	25c to 40c per mile.
Beadle .....	3	10c a mile .....	Minimum \$200. No charge to hospitals.
Bennett .....	0	10c a mile .....	10c a mile with minimum of \$5.00 for rural.
Bon Homme .....	4	\$3.00 to \$3.50 .....	One not stated; one \$3.50 minimum plus 12½c a mile;
Brookings .....	3	\$6.00 .....	one \$3.00 minimum plus 10c a mile.
Brown .....	4	Not stated .....	15c per mile.
Brule .....	1	Not stated .....	\$7.00 first ten miles; 15c per mile thereafter.
Buffalo .....	0	\$3.50 .....	10c per mile.
Butte .....	1	Not stated .....	Not stated.
Campbell .....	1	Not stated .....	20c per mile.
Charles Mix .....	3	Not stated .....	
Clark .....	4	Not stated .....	
Clay .....	4	\$1.00 .....	
Codington .....	2	Not stated .....	
Corson .....	2	Not stated .....	
Custer .....	0	Not stated .....	
Dakota .....	1	\$3.00 to \$4.50 .....	25c per mile.
Dawson .....	3	\$2.50 minimum; 25c a mile.	One 50c one way; one \$5.00 for 5 miles.
Day .....	3	Not stated .....	Same.
Deuel .....	1	Not stated .....	
Dewey .....	0	Not stated .....	
Douglas .....	3	\$5.00 .....	20c per mile plus \$3.00.
Edmunds .....	1	Not stated .....	
Fall River .....	1	Not stated .....	
Faulk .....	1	\$4.00 and \$2.50 .....	10c to 20c per mile one way.
Grant .....	2	Not stated .....	
Gregory .....	2	Not stated .....	15c per mile.
Haakon .....	1	Not stated .....	10c and 12c per mile.
Hamlin .....	2	Not stated .....	
Hand .....	1	\$5.00 .....	20c to 25c per mile.
Hanson .....	2	Not stated .....	
Harding .....	0	\$3.00 day; \$5.00 night .....	10c per mile.
Hughes .....	2	Not stated .....	30c per mile.
Hutchinson .....	4	\$2.50 .....	
Hyde .....	1	Not stated .....	
Jackson .....	0	Not stated .....	Not stated.
Jerauld .....	2	Not stated .....	10c per mile.
Jones .....	1	\$6.00 .....	10c per mile.
Kingsbury .....	2	\$3.00 day; \$5.00 night .....	15c to 50c per mile depending on distance, plus rates in
Lake .....	2	\$3.00 .....	city.
Lawrence .....	4	\$5.00 .....	\$1.00 per mile; on rates stated for two.

TABLE XXII—AMBULANCE FACILITIES<sup>1</sup>, BY COUNTIES, SOUTH DAKOTA—JANUARY, 1946—Continued

County	Number	Approximate Charge as Reported in Survey	
		City	Rural
Lincoln	6	\$5.00 for one; no rates .. stated for others .....	One 20c a mile; one \$5.00 a trip; one \$1.00 first mile, then 50c a mile; one \$10.00 to Sioux Falls.
Lyman	0		
McCook	4	One \$6.00; one no charge..	One 15c; one 5c a mile; two not stated.
McPherson	2	Not stated	25c per mile.
Marshall	3	\$2.00	10c per mile (12.50 from Sturgis to Rapid City).
Neade	3	\$2.00	
Mellette	0		
Miner	2	Not stated	
Minnehaha	7	\$4.00	Definite day and night rates to various surrounding cities.
Moody	4	\$3.00	15c per mile; \$6.00 for 10 miles.
Pennington	3	One \$4.00; one \$5.00; one no charge .....	10c per mile.
Perkins	1	Not stated	One \$2.00 or 20c a mile; one 25c a mile; one \$10.00 both ways to Rapid City.
Potter	2	Not stated	
Roberts	4	One \$2.00; three not stated.	Not stated.
Sanborn	2	Not stated	Not stated.
Shannon	0		
Spink	2	Not stated	
Stanley	0		
Sully	0		
Todd	0		
Tripp	1	\$3.00	10c per mile.
Turner	0	Not stated	
Union	5	Not stated	
Walworth	2	\$3.00 day; \$5.00 night.....	25c per mile one way, plus \$5.00; one not stated.
Washabaugh	0		
Washington	0		
Yankton	4		
Ziebach	0	Not stated	

<sup>1</sup> South Dakota State Health Committee, County Health Surveys, January, 1946.

TABLE XXIII—LOCAL FULL-TIME PUBLIC HEALTH PERSONNEL<sup>1</sup>, BY COUNTIES, SOUTH DAKOTA  
APRIL, 1946

County	Population <sup>2</sup>	Local Full-Time Health Officer	Number Sanitary Engineers	Number Sanitariums	Number County Nurses	Number School Nurses <sup>3</sup>	Number Indian Service Nurses
Total .....	642,961	1	1	6	17	12	4
Aurora .....	5,387	...	...	...	...	...	...
Beadle .....	19,648	...	...	...	...	1	...
Bennett .....	3,983	...	...	...	...	...	...
Bon Homme .....	10,241	...	...	...	...	...	...
Brookings .....	16,560	...	...	...	2	...	...
Brown .....	29,676	...	...	...	...	...	...
Brule .....	6,195	...	...	...	...	...	...
Buffalo .....	1,853	...	...	...	...	...	...
Butte .....	8,004	...	...	...	...	1	...
Campbell .....	5,033	...	...	...	...	...	...
Charles Mix .....	13,449	...	...	...	...	...	...
Clark .....	8,955	...	...	...	...	...	...
Clay .....	9,592	...	...	...	...	1	...
Codington .....	17,014	...	1	...	...	1	...
Corson .....	6,755	...	...	...	...	...	...
Custer .....	6,023	...	...	...	1	...	...
Davison .....	15,336	...	...	1	...	1	...
Day .....	13,565	...	...	...	...	1	...
Deuel .....	8,450	...	...	...	...	...	...
Dewey .....	5,709	...	...	...	...	...	...
Douglas .....	6,348	...	...	...	...	...	...
Edmunds .....	7,814	...	...	...	...	...	...
Fall River .....	3,680	...	...	...	...	...	...
Faulk .....	6,168	...	...	...	...	...	...
Grant .....	10,552	...	...	...	...	1	...
Gregory .....	9,554	...	...	...	...	...	...
Haakon .....	3,515	...	...	...	...	...	...
Hamlin .....	7,562	...	...	...	...	1	...
Hand .....	7,166	...	...	...	1	...	...
Hanson .....	5,400	...	...	...	...	...	...
Harding .....	3,010	...	...	...	...	...	...
Hughes .....	6,624	...	...	...	...	...	...
Hutchinson .....	12,668	...	...	...	...	...	...
Hyde .....	3,113	...	...	...	...	...	...
Jackson .....	1,955	...	...	...	...	...	...
Jerauld .....	4,752	...	...	...	...	...	...
Jones .....	2,509	...	...	...	...	...	...
Kingsbury .....	10,831	...	...	...	...	...	...
Lake .....	12,412	...	...	...	1	...	...
Lawrence .....	19,093	...	...	...	1	...	...



TABLE XXIII—LOCAL FULL-TIME PUBLIC HEALTH PERSONNEL<sup>1</sup>, BY COUNTIES, SOUTH DAKOTA  
APRIL, 1946—Continued

County	Population <sup>2</sup>	Local Full-Time Health Officer	Number Sanitary Engineers	Number Sanitariums	Number County Nurses	Number School Nurses <sup>3</sup>	Number Indian Service Nurses
Lincoln .....	13,171	...	...	...	...	...	...
Lyman .....	5,045	...	...	...	...	...	...
McCook .....	9,793	...	...	...	...	...	...
McPherson .....	8,353	...	...	...	...	...	...
Marshall .....	8,880	...	...	...	...	...	...
Meade .....	9,785	...	...	...	...	...	...
Mellette .....	4,107	...	...	...	...	...	...
Miner .....	6,386	...	...	...	...	...	...
Minnehaha .....	57,697	1	...	2	3	1	...
Moody .....	9,341	X <sup>4</sup>	1	2	4	1	...
Pennington .....	23,739	...	...	...	...	...	...
Perkins .....	6,885	...	...	...	...	...	...
Potter .....	4,614	...	...	...	...	...	...
Roberts .....	15,887	...	...	...	1	...	...
Sanborn .....	5,754	...	...	...	1	...	...
Shannon .....	5,366	...	...	...	...	...	2
Spink .....	12,527 <sup>5</sup>	...	...	...	...	1	...
Stanley .....	2,001	...	...	...	...	...	...
Sully .....	2,668	...	...	...	...	...	...
Todd .....	5,714	...	...	...	...	...	2
Tripp .....	9,937	...	...	...	...	...	...
Turner .....	13,270	...	...	...	...	...	...
Union .....	11,675	...	...	...	...	...	...
Walworth .....	7,274	...	...	...	1	...	...
Washabaugh .....	1,980	...	...	...	...	...	...
Washington .....	1,789	...	...	...	...	...	...
Yankton .....	16,725	...	...	...	...	1	...
Ziebach .....	2,875	...	...	...	...	...	...

<sup>1</sup> State Board of Health.

<sup>2</sup> U. S. Bureau of the Census, 16th Census of the United States, 1940.

<sup>3</sup> Services provided by school authorities of largest city in county, available to school population of such cities only.

<sup>4</sup> Service of health officer on part-time basis.

<sup>5</sup> Includes population of 42 of Armstrong county which is unorganized.

TABLE XXIV—STATUS OF MUNICIPAL WATER SUPPLIES, SOUTH DAKOTA—JANUARY, 1946

County	Municipality	Bacteriological Examination Interval	Approved Supplies	Chlorinated Supplies
Aurora	Plankinton	Semi-Annually	Yes	No
Aurora	Stickney	None specified	No	No
Aurora	White Lake	None specified	No	No
Brown	Frederick	Bi-monthly	Yes	Yes
Beadle	Cavour	None specified	No	No
Beadle	Hitchcock	None specified	No	No
Beadle	Huron	Bi-weekly	Yes	Yes
Beadle	Virgil	None specified	No	No
Beadle	Wessington	None specified	No	Yes
Bennett	Wolsey	None specified	No	No
Bon Homme	Martin	Semi-Annually	Yes	No
Bon Homme	Avon	None specified	No	No
Bon Homme	Scotland	None specified	No	No
Bon Homme	Springfield	None specified	No	No
Bon Homme	Tabor	None specified	No	No
Bon Homme	Tyndall	None specified	No	No
Brookings	Brookings	Bi-monthly	Yes	Yes
Brookings	Elkton	None specified	No	No
Brookings	White	None specified	No	No
Brown	Aberdeen	Bi-weekly	Yes	Yes
Brown	Claremont	None specified	No	No
Brown	Fernley	None specified	No	No
Brown	Groton	None specified	No	No
Brown	Hecla	None specified	No	No
Brule	Chamberlain	Bi-weekly	Yes	Yes
Brule	Kimball	None specified	Yes	Yes
Brule	Pukwana	None specified	No	No
Bute	Belle Fourche	None specified	No	No
Bute	Fruitdale	None specified	No	Yes
Bute	Newell	None specified	No	No
Bute	Nisland	None specified	No	No
Charles Mix	Geddes	Semi-Annually	Yes	No
Charles Mix	Lawe Andes	None specified	No	No
Charles Mix	Platte	None specified	No	No
Charles Mix	Ravonia	None specified	No	No
Charles Mix	Wagner	None specified	No	No
Clark	Clark	None specified	No	No
Clark	Raymond	None specified	No	No
Clay	Irene	None specified	No	No
Clay	Vermillion	Bi-weekly	Yes	Yes
Clay	Wakonda	None specified	No	No
Codington	Watertown	Bi-weekly	Yes	Yes
Corson	McIntosh	None specified	No	No
Corson	McLaughlin	None specified	No	No
Corson	Morristown	None specified	No	No

TABLE XXIV—STATUS OF MUNICIPAL WATER SUPPLIES, SOUTH DAKOTA—JANUARY, 1946—Continued

County	Municipality	Bacteriological Examination Interval	Approved Supplies	Chlorinated Supplies
Custer	Buffalo Gap	.....	.....	No
Custer	Custer	.....	.....	No
Custer	Ethan	.....	.....	No
Davidson	Mitchell	.....	.....	Yes
Davidson	Mount Vernon	.....	.....	No
Day	Andover	.....	.....	No
Day	Bristol	.....	.....	Yes
Day	Pierpont	.....	.....	No
Day	Roslyn	.....	.....	No
Day	Waubay	.....	.....	No
Day	Webster	.....	.....	No
Deuel	Astoria	.....	.....	No
Deuel	Clear Lake	.....	.....	No
Deuel	Gary	.....	.....	No
Dewey	Timber Lake	.....	.....	No
Douglas	Armour	.....	.....	Yes
Douglas	Corsica	.....	.....	No
Douglas	Deimont	.....	.....	No
Edmunds	Bowditch	.....	.....	No
Edmunds	Ipswich	.....	.....	No
Fall River	Ardmore	.....	.....	No
Fall River	Edgemont	.....	.....	No
Fall River	Hot Springs	.....	.....	Yes
Fall River	Oelrichs	.....	.....	Yes
Faulk	Cresbard	.....	.....	No
Faulk	Faulton	.....	.....	No
Faulk	Orlent	.....	.....	No
Faulk	Faulton	.....	.....	No
Faulk	Rockham	.....	.....	No
Grant	Milbank	.....	.....	Yes
Gregory	Benestee	.....	.....	No
Gregory	Burke	.....	.....	No
Gregory	Dallas	.....	.....	No
Gregory	Fairfax	.....	.....	No
Gregory	Gregory	.....	.....	No
Gregory	Gregory	.....	.....	Yes
Gregory	Henrick	.....	.....	No
Haakon	Midland	.....	.....	No
Haakon	Philip	.....	.....	No
Hamlin	Bryant	.....	.....	No
Hamlin	Castlewood	.....	.....	No
Hamlin	Estelline	.....	.....	No
Hamlin	Lake Norden	.....	.....	No
Hand	Miller	.....	.....	No
Hand	Ree Heights	.....	.....	No
Hand	St. Lawrence	.....	.....	No
Hanson	Alexandria	.....	.....	No

TABLE XXIV—STATUS OF MUNICIPAL WATER SUPPLIES, SOUTH DAKOTA—JANUARY, 1946—Continued

County	Municipality	Bacteriological Examination Interval	Approved Supplies	Chlorinated Supplies
Hanson	Emery	None specified	No	No
Harding	Buffalo	Semi-Annually	Yes	No
Hughes	Blunt	None specified	Yes	No
Hughes	Harrold	Bi-monthly	Yes	Yes
Hughes	Pierre	Bi-monthly	Yes	Yes
Hutchinson	Freeman	None specified	No	No
Hutchinson	Menno	None specified	No	No
Hutchinson	Parkston	None specified	No	No
Hutchinson	Tripp	None specified	No	No
Hyde	Highmore	Bi-monthly	Yes	Yes
Jackson	Belvidere	None specified	No	No
Jackson	Interior	None specified	No	No
Jackson	Kadoka	None specified	No	No
Jerauld	Alpena	None specified	No	No
Jerauld	Lane	None specified	No	No
Jerauld	Wessington Springs	None specified	No	No
Jones	Murdo	Bi-weekly	Yes	Yes
Kingsbury	Arlington	None specified	No	No
Kingsbury	De Smet	Bi-monthly	Yes	No
Kingsbury	Esmond	None specified	No	No
Kingsbury	Helladn	None specified	No	No
Kingsbury	Irroquois	None specified	No	No
Kingsbury	Lake Preston	None specified	No	No
Kingsbury	Oldham	None specified	No	No
Kingsbury	Madison	Bi-monthly	Yes	Yes
Lake	Wentworth	None specified	No	No
Lake	Winfred	None specified	No	No
Lawrence	Deadwood	None specified	No	Yes
Lawrence	Lead	None specified	No	Yes
Lawrence	Spearfish	None specified	No	Yes
Lawrence	Whitewood	None specified	No	Yes
Lincoln	Canton	None specified	No	No
Lincoln	Fairview	None specified	No	No
Lincoln	Harrisburg	None specified	No	No
Lincoln	Hudson	None specified	No	No
Lincoln	Lennox	None specified	No	Yes
Lyman	Kennebec	None specified	No	No
Lyman	Oacoma	None specified	No	No
Lyman	Prehoo	None specified	No	No
Lyman	Reilance	None specified	No	No
Lyman	Vivian	None specified	No	No
McCook	Bridgewater	None specified	No	No
McCook	Canistota	None specified	No	No
McCook	Montrose	None specified	No	No
McCook	Salem	Bi-weekly	Yes	Yes



TABLE XXIV—STATUS OF MUNICIPAL WATER SUPPLIES, SOUTH DAKOTA—JANUARY, 1946—Continued

County	Municipality	Bacteriological Examination Interval	Approved Supplies	Chlorinated Supplies
McCook	Spencer	None specified	No	No
McPherson	Eureka	None specified	No	No
McPherson	Leola	None specified	No	No
Marshall	Britton	None specified	No	No
Marshall	Langford	None specified	No	No
Marshall	Veblen	None specified	No	No
Meade	Faith	None specified	No	No
Meade	Sturgis	None specified	No	Yes
Mellette	White River	None specified	No	Yes
Miner	Canova	None specified	No	No
Miner	Carthage	None specified	No	No
Miner	Fedora	None specified	No	No
Miner	Howard	None specified	No	Yes
Miner	Roswell	None specified	No	No
Minnehaha	Colton	None specified	No	No
Minnehaha	Crooks	None specified	No	No
Minnehaha	Dell Rapids	None specified	No	No
Minnehaha	Garretson	None specified	No	No
Minnehaha	Hartford	None specified	No	No
Minnehaha	Humboldt	None specified	No	No
Minnehaha	Sioux Falls	Bi-weekly	Yes	Yes
Moody	Colman	None specified	No	No
Moody	Egan	None specified	No	No
Moody	Flandreau	None specified	No	No
Pennington	Quinn	None specified	No	No
Pennington	Rapid City	Bi-weekly	Yes	Yes
Pennington	Wall	None specified	No	No
Pennington	Wasta	Bi-monthly	Yes	No
Perkins	Lemmon	None specified	No	No
Potter	Gettysburg	None specified	No	No
Roberts	Sisseton	Bi-weekly	Yes	No
Roberts	Summit	None specified	No	No
Roberts	Wilmot	None specified	No	No
Sanborn	Artesian	None specified	No	No
Sanborn	Forestburg	None specified	No	No
Sanborn	Woonsocket	None specified	No	No
Spink	Ashton	None specified	No	No
Spink	Brentford	None specified	No	No
Spink	Conde	None specified	No	No
Spink	Doland	None specified	No	No
Spink	Frankfort	None specified	No	No
Spink	Mellette	None specified	No	No
Spink	Northville	None specified	No	No
Spink	Redfield	None specified	No	No
Spink	Tulare	None specified	No	No

TABLE XXIV—STATUS OF MUNICIPAL WATER SUPPLIES, SOUTH DAKOTA—JANUARY, 1946—Continued

County	Municipality	Bacteriological Examination Interval	Approved Supplies	Chlorinated Supplies
Stanley	Ft. Pierre	None specified	No	Yes
Sully	Agar	None specified	No	No
Sully	Osida	None specified	No	No
Tripp	Colome	None specified	No	No
Tripp	Winner	Bi-monthly	Yes	Yes
Turner	Centerville	None specified	No	No
Turner	Burley	None specified	No	No
Turner	Turner	Bi-weekly	Yes	No
Turner	Viborg	None specified	No	No
Union	Alcester	None specified	No	Yes
Union	Beresford	None specified	No	Yes
Union	Elk Point	Bi-weekly	Yes	Yes
Union	Jefferson	None specified	No	Yes
Walworth	Java	Semi-Annually	Yes	No
Walworth	Mobridge	Bi-monthly	Yes	Yes
Walworth	Selby	Bi-weekly	Yes	Yes
Yankton	Gayville	None specified	No	No
Yankton	Lesterville	None specified	No	No
Yankton	Mission Hill	None specified	No	No
Yankton	Utica	None specified	No	No
Yankton	Volin	None specified	No	No
Yankton	Yankton	Bi-weekly	Yes	Yes

1 The material for this table and the analysis of the situation relating to water supplies in the various municipalities was prepared by Mr. R. G. Spieker of the Division of Sanitary Engineering, State Board of Health, under the direction of Mr. W. W. Towne, Director, Division of Sanitary Engineering.

TABLE XXV.—MUNICIPALITIES WITH CONTROL OF MILK SUPPLY, SOUTH DAKOTA — JANUARY, 1946

County	Municipality	Type of Milk Ordinance	Inspection Service Provided	Per Cent Pasteurized
Brookings	Brookings	Non-grading type	Policeman	100%
Brown	Aberdeen	Non-grading type	Part time local inspector	100%
Butte	Belle Fourche	U.S.P.H.S. Standard Ordinance <sup>2</sup>	Coop. with State Board Health	90%
Clay	Vermillion	U.S.P.H.S. Standard Ordinance <sup>2</sup>	Coop. with State Board Health	95%
Codington	Watertown	U.S.P.H.S. Standard Ordinance <sup>2</sup>	Coop. with State Board Health	100%
Davison	Mitchell	U.S.P.H.S. Standard Ordinance <sup>2</sup>	Coop. with State Board Health	70%
Fall River	Hot Springs	U.S.P.H.S. Standard Ordinance <sup>2</sup>	Coop. with State Board Health	65%
Fall River	Edgemont	U.S.P.H.S. Standard Ordinance <sup>2</sup>	Coop. with State Board Health	25%
Hughes	Pierre	U.S.P.H.S. Standard Ordinance <sup>2</sup>	Coop. with State Board Health	98%
Minnehaha	Sioux Falls	U.S.P.H.S. Standard Ordinance <sup>2</sup>	City health department	100%
Pennington	Rapid City	U.S.P.H.S. Standard Ordinance <sup>2</sup>	County health unit	85%

<sup>1</sup> State Board of Health Reports.<sup>2</sup> U. S. Public Health Service Standard Milk Ordinance.

**TABLE XXVI—PROPOSED DISTRICT HEALTH UNITS AND AMOUNT ONE-HALF MILL TAX LEVY ON 1945 VALUATION WOULD PROVIDE TOWARD TOTAL EXPENSE OF UNITS, SOUTH DAKOTA—APRIL, 1946**

Unit No.	Counties in Each Unit	Population of Unit	Area of Unit in Square Miles	One-half Mill Tax Levy on 1945 Valuation <sup>2</sup>	
				County	Unit
1.	Harding .....			\$ 2,644.00	
	Butte .....			4,682.00	
	Perkins .....			4,239.00	
	Corson .....			3,418.00	
	Dewey .....			1,783.00	
	Ziebach .....			1,522.00	
	Armstrong .....			129.00	
	Unit Total....	32,980	14,200		\$ 18,417.00
2.	Campbell .....			\$ 3,733.00	
	Walworth .....			4,646.00	
	McPherson .....			5,156.00	
	Edmunds .....			5,903.00	
	Brown .....			22,381.00	
	Unit Total....	58,150	5,481		\$ 41,819.00
3.	Day .....			\$ 10,505.00	
	Marshall .....			6,888.00	
	Roberts .....			12,936.00	
	Grant .....			9,235.00	
	Unit Total....	48,884	3,730		\$ 39,564.00
4.	Clark .....			\$ 9,486.00	
	Codington .....			12,355.00	
	Deuel .....			7,950.00	
	Hamlin .....			6,991.00	
	Unit Total....	41,981	2,823		\$ 36,782.00
5.	Beadle .....			\$ 15,878.00	
	Hand .....			7,244.00	
	Spink .....			13,208.00	
	Unit Total....	39,341	4,203		\$ 36,330.00
6.	Faulk .....			\$ 4,740.00	
	Hughes .....			4,287.00	
	Hyde .....			3,127.00	
	Potter .....			3,949.00	
	Sully .....			3,494.00	
	Unit Total....	22,187	4,576		\$ 19,597.00
7.	Lawrence .....			\$ 12,523.00	
	Meade .....			6,857.00	
	Pennington .....			13,041.00	
	Unit Total....	52,627	7,042		\$ 32,411.00
8.	Bennett .....			\$ 2,009.00	
	Custer .....			3,025.00	
	Fall River .....			4,128.00	
	Shannon .....			760.00	
	Washabaugh .....			740.00	
	Washington .....			0.00 <sup>3</sup>	
	Unit Total....	27,230	7,648		\$ 10,662.00



**TABLE XXVI—PROPOSED DISTRICT HEALTH UNITS AND AMOUNT ONE-HALF MILL TAX LEVY ON 1945 VALUATION WOULD PROVIDE TOWARD TOTAL EXPENSE OF UNITS, SOUTH DAKOTA—APRIL, 1946—Continued**

Unit No.	Counties in Each Unit	Population <sup>1</sup> of Unit	Area of Unit in Square Miles	One-half Mill Tax Levy on 1945 Valuation <sup>2</sup>	
				County	Unit
9.	Haakon .....			\$ 4,123.00	
	Jackson .....			1,605.00	
	Jones .....			2,463.00	
	Mellette .....			1,909.00	
	Stanley .....			2,166.00	
	Todd .....			1,940.00	
	Unit Total....	19,759	8,304		\$ 14,206.00
10.	Brule .....			\$ 6,460.00	
	Buffalo .....			1,399.00	
	Gregory .....			6,120.00	
	Lyman .....			4,353.00	
	Tripp .....			6,469.00	
	Unit Total....	32,584	5,651		\$ 24,801.00
11	McCook .....			\$ 8,529.00	
	Aurora .....			5,682.00	
	Davison .....			10,237.00	
	Hanson .....			6,090.00	
	Jerauld .....			3,691.00	
	Sanborn .....			6,113.00	
	Unit Total....	46,422	3,250		\$ 40,342.00
12.	Brookings .....			\$ 15,580.00	
	Kingsbury .....			9,605.00	
	Lake .....			11,959.00	
	Miner .....			6,351.00	
	Moody .....			10,220.00	
	Unit Total....	55,980	3,285		\$ 54,015.00
13.	Minnehaha .....	57,697	815	\$ 47,073.00	\$ 47,073.00
14.	Clay .....			\$ 11,531.00	
	Lincoln .....			16,214.00	
	Turner .....			14,757.00	
	Union .....			11,609.00	
	Unit Total....	47,708	2,044		\$ 54,111.00
15.	Bon Homme ...			\$ 11,183.00	
	Charles Mix ...			10,864.00	
	Douglas .....			5,816.00	
	Hutchinson .....			12,007.00	
	Yankton .....			13,331.00	
	Unit Total....	59,431	3,484		\$ 53,201.00

<sup>1</sup> U. S. Bureau of the Census 16th Census of the United States, April, 1940.

<sup>2</sup> South Dakota Tax Commission, Report of Assessed Valuation, July 1, 1945.

<sup>3</sup> Washington county which is unorganized is included in Pennington county.







